EVENING SITTING

SPECIAL ORDER

COMMITTEE OF THE WHOLE

Bill No. 3 — An Act respecting Health Districts

Clause 1

Hon. Ms. Simard: — Thank you very much, Mr. Chair. Mr. Chair, just as we were wrapping up at supper time, the member from Maple Creek, I believe it was, was making all sorts of accusations about the need for the government to look in the mirror and commenting on the hurt that's being inflicted on communities and was asking me a question in that regard.

And I want to say this. The government is fully aware of the hurt the budget reductions cause to individuals and to communities, and we regret the fact that this hurt is caused to individuals and communities. We would much rather not be making cuts that result in job loss or that affect communities in the manner that some of the budget cuts do.

The fact is, Mr. Chair, we're left with no option. We are facing a $15 billion debt in this province, a legacy of debt that was left to us by the PC (Progressive Conservative) government in the last 10 years, and we have no option if we're going to save social programs, if we're going to save medicare for future generations, but to make cuts to services that we feel could . . . where the money could be spent more wisely in terms of health care.

The Minister of Health and the Department of Health have no option but to spend an ever-shrinking health care dollar in areas where the health care need is the greatest. We must target our health care dollar to real needs, not to wants, not to demands, but to real health care needs. And that's why I've spoken on the issue of health outcomes on numerous occasions. In fact, I believe that Dr. Michael Rachlis, who wrote the book on *Second Opinion*, a very renowned book in Canada on health care reform, earlier this week, or perhaps last week when he was in town, indicated that there is a need for provincial governments to start looking at outcomes. And that's what he's referring to. That's what we've built into in our utilization commission. That's why certain health care cuts have been targeted, Mr. Chair.

And I want to say this. The members opposite point their fingers at us about the hurt. I think they should look in the mirror and they should look at reality. They should look at the waste and mismanagement that took place in the 10 years of Devine government. They should look at the debt that they've created . . .

The Chair: — Order. I'll ask the minister to avoid reference to any of the members of the Assembly by name.

Hon. Ms. Simard: — Thank you very much, Mr. Chair.

And instead of contributing to the problem today they should be doing what thousands of people are doing across Saskatchewan — contributing to the solution, looking for solutions and opportunities and moving ahead. Yes, we're in a difficult situation but there is light at the end of the tunnel and let us go towards that light and develop a better tomorrow for Saskatchewan people.

And I want to comment a bit on the member from Greystone and the role that she has played throughout this debate. And I want to say this. During the election in 1991 she made a statement to the effect that there should be role changes in hospitals. And then because the political heat was on her, she backed off from that statement. And we've watched her position throughout this entire debate. And I want the record to show that it has been a position of inconsistency, not a position of resolve, not a position of looking towards the future, but a position of political expediency and inconsistency.

What the member from Greystone did is that she, for example, when we were voting on the Bills that the opposition brought forward about restoring health care, she abstained from voting on a number of these Bills and then decided at some point that, oh gee, she should maybe take a position on this, and started to vote in favour of them; and then again was abstaining from votes. She did not know what she wanted to do. You know why? She didn't want to do the right thing; she wanted to do the politically expedient thing.

Now I expect that from the members opposite, the Tory members. I expect that. But from someone who continues to say that she's above politics, I don't expect that. I expect a different approach, an approach that rises above politics — if that's what she says she does — that rises above politics, and that does what is good for the whole of the province rather than trying to make some short-term, politically expedient points.

Now, Mr. Speaker, I want to say this. She was out speaking at the rally of people, trying to capitalize on the anger that was there and the emotion and the feelings, and yet through another side of her mouth she says she supports health reform. And I want the record to show that what she has done consistently throughout this debate is to try to capitalize on the political opportunities but never to really support health reform in a fashion that she could have, that would have put her in the forefront as truly being above politics. She has shown her true colours, Mr. Chair, that of a politically expedient person that's prepared to take political opportunity for short-term gain at the expense of the benefit of the province as a whole.

Now I expect the Tories to do that. I did not expect someone who espouses to be above that to take that kind of a position.

And with respect to the opposition, let's just take a look at what the Tory opposition opposes. The Tory

opposition opposes the formation of health districts. They oppose what thousands of citizens who have already formed health districts believe is the right thing to do. And they want to oppose them. They don't want Midwest having their health board. They don't want Twin Rivers having their health board. They don't want all those planning groups that have out . . . been out there working to have their health board. They oppose it.

The Tory opposition opposes democratic election of district health boards, because that is one of the things that's in the legislation, and they're opposing it. They're opposing the amalgamation of services to provide for cost efficiencies and less expenditure by district health boards, because that is what we're proposing, that's one of the directions we want to move, and they oppose it.

They oppose the establishment of health districts for not-for-profit corporations. That's what's being proposed in the legislation; the Tories oppose it.

They oppose the empowering of health boards to determine in the future, within global funding, which services are necessary. This is a massive decentralization of services from Regina to district boards. They will be able to do plans. They will be able to put in formulas. They'll be able to come to us in the context of their global funding. But that's opposed by the opposition because it's an empowering of these health boards in these communities.

The Tories also oppose the voluntary funding of district health boards by municipalities, Mr. Chair. They oppose that. They oppose the hospital revenue tax. They wanted to repeal it, which would be an automatic $20 million grab out of the health care sector. They just opposed it without thinking of the consequences of doing that. They're opposed to public meetings because in this legislation district boards will have to have two public meetings every year where they will have to show their communities that they have a plan, and they will have to show what the health status of that community is.

So for once in the first time in our history, at the local level, citizens can hear what the health status of their community is and urge their elected representatives on a board to develop health care planning that improves health status. The Tory opposition opposes it. They don't want to see that happen. They want the old system to continue that has no accountability of this nature to the public, where meetings are held in private, where there are no public meetings, where health status doesn't matter. That's what they want, is the old system.

What we are offering the public is a new system, Mr. Chair, that will make boards more accountable to the public because they're elected, that will make boards more accountable because the meetings are public, that will make boards more accountable because they have to tell the citizens what the health status is. And the members . . .

The Chair: — The member for Rosthern.

Mr. Neudorf: — Thank you, Mr. Chairman. For ten minutes now we've been listening to harangue. We have closure upon us, we have less than three hours left, Mr. Chairman, and the minister chastises us. We want to ask her questions, we don't want to listen to her harangue. Had it not been for the closure motion, a time allocation, we would have no problem listening to her, but we feel that because of the limited length of time left, it is the opposition's last opportunity to ask questions of this minister. And we would appreciate you ruling that we do have that opportunity.

Hon. Mr. Lingenfelter: — Mr. Chairman, I want to just make the point that I find the point of order not to be relevant in light of the fact that the leader of the . . . or former premier last night spoke for about 25 minutes in what can only be called a rambling argument about why he lost the last election. And the Chairman obviously allowed that, as well he should, because on the first vote on any Bill these kinds of arguments are allowed. And I would just urge you to rule against the point of order made by the member from Rosthern.

The Chair: — I've listened to the point of order presented by the member for . . . hon. member for Rosthern, and the remarks for the Hon. Government House Leader. It is not the role of the Chair in the rules of our Assembly or committee to determine the appropriate length of speech by members. And I find that the point of order is not well taken.

Hon. Ms. Simard: — Thank you very much, Mr. Chair. The other thing that this legislation does, Mr. Chair, which is really important, is the open and accountable funding practices that will be a first in the history of this province and that gives communities a chance for input.

But the members opposite are opposed to that. They're opposed to allowing districts to have an input into how the revenues are being spent in a global sense. They're opposed to the development of new health care programing in their district because that's what this legislation allows to happen. They're opposed to freeing up resources for real health care needs. They're opposed to the freeing up resources for real health care needs that result in improved health care status in a province. They're opposed to the development of multidisciplinary health professional teams and the development of group medical practices in the province because that is what district boards will encourage.

They will encourage the development of group medical practices. They will encourage the development of multidisciplinary health care professional teams in the province over a period of time. The Department of Health will be working with them to do that.

The members opposite are opposed to that because that's what they're opposing in this legislation. They're opposed to enhanced ambulance services

because we are working with boards and with planning groups and with the Department of Health to develop an enhanced ambulance and communication system in the province. That's what we'll be able to do when we get our district boards in place and the members opposite are opposed to that.

They are opposed in short, Mr. Speaker, to saving medicare, to enhancing medicare, and to moving on with future developments in the health care area that are so essential if we are going to improve the health status of Saskatchewan people, save medicare, and maintain it. The members opposite are opposing that when they oppose this district board legislation.

And I could go on and on about what the possibilities are in this legislation, Mr. Chair, I could go on and on. The fact of the matter is, is the members opposite when they stand here and say that we have to search our conscience for what we're doing, I am proud of the district board legislation. I am proud of the changes in health care that are going to enhance health care for Saskatchewan people in the long term as we move through health reform.

I know it's tough in the transition and it'll be tough. The next two or three years will be very, very tough in the health care area for Saskatchewan people and for communities. I know that. We are left with no option. Had the members opposite not saddled the citizens of this province with their wasteful spending, their debt of 15 billion, health reform would have still taken place but the impacts would have been less because it would have taken place over a longer period of time. But because the fiscal situation brings an urgency, an urgency to reform, we have to move quickly.

And so the hurt is being caused by them, sir, not by the NDP (New Democratic Party) government that is reaching for that light at the end of the tunnel, to save medicare for future generations. Thank you.

(1915)

Mr. Neudorf: — Mr. Chairman, thank you very much. And I want the public to notice what's going on here. I want to make a very, very definitive statement . . . And the minister from Quill Lakes has woken up. Mr. Chairman, I want to make a point to the public right now.

This government, this government has put in time allocation limiting the amount of opportunity that we have to ask questions. They've put closure on that time allocation. And because we have now two hours — two and a half hours — till the voting will take place at quarter to ten, that's all we have left. And the minister makes a political harangue, makes political arguments, tries to make political points on our time. And I want the public to be aware of what is going on here where she is stifling the opposition, muzzling the opposition even further.

Now, Madam Minister, I could go on and harangue here now too about that you have no mandate to do what you're doing, that you were elected under false pretences, false promises, full well knowing what the situation is. But I'm going to resist getting into that because I think we have some very legitimate concerns that we have to pass on from the people of Saskatchewan. It's not us doing this, Madam Minister.

Now I'm going to ask some very pertinent questions. One deals with the Holy Family Hospital in Prince Albert. I have a letter here from Lawrence Zatlyn in response to a request that I sent out, could you pass on some of the concerns that you may have. And this is the letter that I got, Madam Minister. And this afternoon you were, in glowing terms, reciting about how beautiful and how wonderful your plan is going on in Prince Albert and Saskatoon and Regina.

I want to share this letter with you. It does not indicate that you got a copy of this letter. In case you didn't, here is the information: Thank you for your letter of April 2, he says. For our part, he continues on, we have written to SHCA . . . And you're very fond of quoting of how SHA (Saskatchewan Health-Care Association) is in favour of everything that you're doing. Well, Madam Minister, there are many, many aspects, many, many organizations within that organization that do not support the stand, the official stand of that organization.

Here's one of them, indicating their position. We've written to them, he says, indicating their position does not endorse that of Holy Family Hospital and asking SHCA to either withdraw their endorsement, or alternately take the courtesy of consulting, or at the very least more accurately reflect the varying views of its membership.

Now that's a concern that they're expressing. I continue to quote: We have had approximately 10 months experience in Prince Albert with a health board — all right, Madam Minister, 10 months experience with a health board — our experience is the current model cannot be recommended nor should it be encouraged throughout the province as a model. To browbeat and to manipulate ought not be laudable objectives of the health care rationalization program, Madam Minister. The issue before the public is multidimensional and it deserves, and indeed needs, thorough public scrutiny.

Now, Madam Minister, that was the response from the hospital of . . . the Holy Family Hospital in Prince Albert. Those are their statements, those are their concerns, added to, I might add, to the concerns that were brought forward in this legislature yesterday by myself and my colleagues where letter after letter, municipality after municipality, is saying — and as we are saying as the opposition, which is contrary to the political points that you were trying to score a few moments ago — we are not opposed to reform. We are not opposed to rationalization, but rather the NDP format of that.

And that is what the folks in rural Saskatchewan in particular . . . and not only in rural Saskatchewan, urban Saskatchewan. Unless you . . . Look at all the chattering, Mr. Speaker, because they don't like to

hear what I'm saying. They don't like to hear what I'm saying.

I'm saying, and I'm reading a letter from the people of Saskatchewan, and we have many more letters than we have time for but we will table them in the House so you can do that at your . . . peruse them at your leisure, Madam Minister.

The point that we're trying to make, that the people are trying to make, that the folks on the legislature were trying to make, is simply this: there may be lots of good stuff in what you've got outlined. There may be lots of good stuff that we could agree with, but there are too many issues that are being forced upon people where they do not have any say and where they feel uncomfortable with the speed that you are going, and they are saying, slow up.

I like to respond to correspondence that I get, Madam Minister, and I shared this letter with you so that you might give me an idea as to how I should respond to the concerns that they are bringing up when they are saying that we've had 10 months experience. They've had 10 months experience and they're saying now that the current model cannot be recommended nor should it be encouraged through the province as a model. To browbeat and to manipulate ought not be laudable objectives of the health care rationalization program.

So, Madam Minister, I'm just begging you not to get off onto a political rampage here again, but answer the specific concerns that have been raised by the Holy Family Hospital in this case. Could you do that?

Hon. Ms. Simard: — Mr. Speaker, with respect to the situation in Prince Albert, I want to say this: that a memorandum of understanding respecting the management amalgamation of health-related organizations in Prince Albert was signed by Holy Family Hospital before a board was put in place. So there was an agreement to move in this general direction by the people involved in the health care board.

Now as a result of the health care board doing a study, which was done by the Prince Albert Health Board with all actors knowing that the study was being done and with consultation with people in the health care field and outside the health care field, the study recommended that they move from two hospitals to one, like they are doing in Moose Jaw. Now as a result of that, the recommendation was that it should be the Victoria Union Hospital that becomes the hospital and not the Holy Family Hospital. The recommendation was that long-term care, with respect to Mont St. Joseph Home, be reviewed and upgraded, and some arrangement be made in that regard.

What is happening now is Holy Family, or at least in the past, was taking the position that they wanted to keep Holy Family as the acute care facility. So it isn't a question of we don't need health reform, it's a question of, should we move from two acute care facilities to one, and if so, which one. And there probably is a consensus that we should move from two to one, in P.A. (Prince Albert); the question is, which one?

Now I understand there are discussions taking place in P.A. today — or in the days that have just gone by and in the days to come — about which facility would be used and what sort of upgrade there would be in long-term care. And these are taking place in the community. And I think we should let those discussions take place and let the community work out these problems. And I have every confidence in them, that they will be able to come to a cooperative solution and they will be able to work together and rise above vested interests in the process, and work together for the benefit of that entire community. I believe that will happen, and we must give them the time to do that, and the process is taking place right now. The Prince Albert Health Board will be funded for the provision of services within that district. And they will need to come to some sort of an arrangement with Holy Family Hospital.

Now in Moose Jaw, they are moving . . . (inaudible interjection) . . . I am going to give you an answer about Moose Jaw because there's an analogy. And you're not going to tell me to sit down and not finish my answer.

In Moose Jaw they're moving from two acute care facilities to one. They are getting an upgrade in their acute care services and an upgrade in their long-term care. This comes as a result of a community that works together. This comes as a result of a community that's prepared to look at the good of the entire district and at the health care needs of people. And in fact, in the Moose Jaw situation, Sister Muriel had clearly stated, which I thought was a very interesting statement from her . . . I can't put my fingers on it right now, but her comment was, was that what health reform had done, is it made her see the need to pay for and allocate funding for health care needs and not health care wants. She felt the health reform process had led her to those conclusions.

P.A. is in a similar situation. They need an upgrade in acute care; they need an upgrade in long-term care, but they should move to one acute care facility. So I know the community is discussing these matters right now, and I feel confident that they'll be able to work it out to the satisfaction of everyone involved.

Mr. Neudorf: — You notice, Mr. Chairman, again the minister goes on and on and on trying to waste time, trying to make political points, throwing in curves left and right, talking about Moose Jaw. We'll come to Moose Jaw. I'm talking about Prince Albert, Madam Minister. And please don't try to manipulate the proceedings here tonight as you are manipulating the health process throughout the province — and those are not necessarily my words, Madam Minister — because you didn't answer the question.

The question that is raised in this letter that I quoted to you is: that from their 10-year . . . or 10-month

experience, they would not recommend this process to anybody and it should not be used as a model through the province. They say to browbeat and to manipulate ought not to be a laudable objective of the health care rationalization program. That's the statement I wanted you to address — browbeat and manipulate.

Madam Minister, one of their concerns, when the member from Prince Albert Northcote or whichever one it is, the Deputy House Leader, he said, people should learn to live with the decision of the health board. He said, the board calls the shots. And that's the concern that these people are expressing, that it's an appointed board calling the shots. And they ask you and they ask the member from Prince Albert to whoa up and not make these important decisions until the board was elected and not appointed by you. They wanted a fully elected board to handle these.

So, Madam Minister, browbeat and manipulate is the impression that the people of Prince Albert, particularly the Holy Family Hospital, have. That's the letter I have here. And that's what you're supposed to be responding to, and I hesitate to sit down because I won't get the floor for another 15 minutes while you talk about North Battleford or La Ronge or something like that.

I'm asking you to address the question that the Holy Family Hospital director . . . I'm not sure, I'm calling him a director because he hasn't identified his position, it's a QC (Queen's Counsel), a lawyer — who has now written me that letter. And this letter was by, for your information, Madam Minister, is dated April 21. So that's very, very, recent; very current. Could you address those specific concerns, Madam Minister?

Hon. Ms. Simard: — Mr. Speaker, I did address the concerns. I indicated that this process is a question of which acute care facility is going to be maintained and the community is having discussions about this matter now. They're ongoing discussions. I did answer the question for the minister.

With respect to fully elected boards, I want to say this. Before we even appointed the board in Prince Albert, the members, including Holy Family, were putting forward their recommendations for appointment and were telling us what sort of members they wanted on this board. They were involved in a process of nomination and consensus that led to the members that were on the board. And I had attended the signing agreement and there was no question that they were disputing. They weren't disputing the positions that had been nominated to the board and the individuals who were forming the board. And Holy Family was a part of that.

(1930)

Now I don't think it's appropriate for us to sit here in the legislature and start arguing about what Holy Family agrees to or doesn't agree though. This is a community process taking place in Prince Albert, and as elected representatives, we should allow that process to take place.

With respect to elected boards, I want to say this. The members opposite had 10 years to move from appointed boards to elected boards. And they chose to do nothing. This government has established an intention to move to elected boards in the health care system. It's impossible for us to do that overnight; it has to be done as a part of the transition. We will deal with appointed boards on an interim basis until we've had an opportunity to set up all the districts, to set up the wards, to have the detailed discussions with the community about the election process. Then we will move to fully elected boards. But it's not the members opposite . . .

An Hon. Member: — Fully elected?

Hon. Ms. Simard: — No, I'm sorry. Eight and four.

An Hon. Member: — Oh, just a slip of the tongue.

Hon. Ms. Simard: — Well there's two elected boards. The four members who are appointed are . . . The reason for — and I want to put this on the record — the reason for the four appointed members on the board is to ensure that we have a broad representation.

For example, if a group comes to us and says they have a health care professional in their community that they think should sit on the board because they want to round it out with some health care expertise, we would be prepared to appoint that person, provided they're nominated from within the community. Or if there was a large aboriginal population close by that were unable to get an elected person on the board, we may want to appoint an aboriginal person in order to make sure that that board is rounded out.

But most importantly it is to ensure that there is cross-pollination between districts. For example, Saskatoon is talking about Midwest having a representative on their board. We see rural communities saying, can we have some cross-reference between our districts and share some representation? So the reason for the appointment is to allow for situations such as those, Mr. Chair.

The members opposite, however, never did come forward over a 10-year period with a proposal to move to elected boards. They never did, Mr. Chair. And I think it's important to note that the . . . and when they say the people of Prince Albert are saying health reform isn't working, they are wrong. The people of Prince Albert, in the majority, support health reform. There will be some dissenters, as there are throughout Saskatchewan and there always are on a major change of this nature. But to represent on behalf of the people of Prince Albert, which the member from Rosthern was doing, that they oppose health reform from one letter — from one letter, from one letter — is totally misrepresenting what is taking place in Prince Albert.

Mr. Neudorf: — Then we'll dig a little deeper, Madam

Minister. You say one letter. Hospital changes spark rally in Prince Albert. Here it says, 500 tell the health board to slow down — a common request right across this province. Five hundred people out in a soaking rain; there would have been thousands had it not been for the weather. It says so right in here. It's not my words. It's right in the newspaper article, so don't tell me that I'm only using one letter that happens to be what I think. That's not the case.

What I'm doing is I'm quoting from a letter that was sent to me out of concern and I'm right now indicating to you that it's not just one individual. There was a big protest, Madam Minister, there was a big rally in Prince Albert on this aspect. That's all I'm saying. And I'm trying to get from you how I'm supposed to react to that situation. And every time I sit down, you take another 15 minutes.

I have a different concern — a concern that's a little bit closer to home, to my home. I want to bring up a situation dealing with Corman Park and a potential health district there. And I know the reeve of Corman Park, Dick Friesen, is quoted in the paper, and I'm quoting . . . This would be *The Village Press*, Wednesday, April 21:

> Corman Park is the hub of this area and some of these towns have services that they want to control.

They want to have real control.

And I heard some of your comments this afternoon that I want to pursue about local control. But be that as it may, Madam Minister, I think you know where I'm getting at because apparently you must have the letter in your possession by now, and that is a letter where:

> A resolution was passed (and I'm quoting) to send a letter asking Health Minister Louise Simard to extend the August 17 deadline for the formation of Health Districts in addition to asking for more information regarding exactly what services will have to be provided.

Madam Minister, this is dated April 21, very current, last week, this paper.

So Corman Park, the largest municipality in this province, is asking for you to slow down so they know where they are at, in addition to the many of the other communities.

> Councillor Ed Hobday said, "You're playing with the entire future of the RM with respect to health care and I think everyone wants them to defer the deadline".

That's all they're asking.

In the final analysis, maybe what you're planning, maybe what you're proposing will in large measure be accepted. But they don't know and they are afraid of their future by having it forced down them on some kind of artificial deadline, August 17.

Now, Madam Minister, I'm just going to go through a few of the steps that this municipality is facing and the problems that they're facing in trying to meet your deadline. And I think these are very legitimate concerns.

First of all, a steering committee has been meeting to obtain information to follow the process, to be able to follow the process as outlined by the government to introduce health care districts. I'm quoting from this magazine article from time to time here.

> One of the next steps the group must take before proceeding is to find out what direction the public would like to take.

So they have to make their consultative process work within their community. Then the steering committee is going to have to meet to draw up a questionnaire that each interested council would present to its residents. The questionnaire was intended to gather public opinion as to whether to pursue a rural health district or the only other option they have, which is to join Saskatoon.

Now even within the area there are concerns. The town of Martensville, for example, the largest town surrounding Saskatoon, is saying, well because we have so much empathy with Saskatoon, because we have more in common with Saskatoon perhaps than the surrounding towns and the surrounding rural area, we would be looking at joining Saskatoon in spite of what the rural municipality of Corman Park may do.

So that's one of the options. But that begs the question for them: if Martensville joins the Saskatoon district, what happens to the town just north? Martensville will be between, let's say for example, Hepburn and Saskatoon. How does that impact on the choice that Hepburn may want to make?

There's talk around now that towns as far away as Delisle and Perdue also are considering joining either Saskatoon or Corman Park. If Corman Park decides to join Saskatoon, does that mean that these communities can? But if Corman Park decides not to join Saskatoon, what happens to Asquith? What happens to Perdue? What happens to these other communities that are once removed from Saskatoon — does that limit their options?

These are questions that the people are asking. They don't know.

> Councillors (I'm quoting) are also unsure how district borders may work regarding rural municipalities.

Can you leap-frog like I just indicated?

> Some concerns have been raised that by joining the Saskatoon district rural residents might not receive adequate representation.

Is that true? They want to know. So after obtaining

public input there are still other steps that they will have to pursue.

> These include forming a District Health Committee to study the existing services and others that are (going to be) needed for the area.

And all of those things, Madam Minister, all of these machinations have to be pursued and followed, and there's a deadline over these people because they know that after August 17 you're going to wield the mighty stick and say this is how it's going to be.

How do I answer Mr. Friesen?

Hon. Ms. Simard: — Mr. Speaker, without getting into drawing boundaries in the legislature and dealing with the details of each planning group, I want to say this. That in the Corman Park area, it's my understanding that they are . . . the Department of Health is going to be meeting with them in the next week to talk about solutions to some of the problems that the member opposite has raised, and to talk about how a district could be developed in that particular area and to explore the various options in more detail.

It's my understanding that much of this will come together in the next three, four, five, six weeks and that communities are very active right now in looking at how they are going to form a district and what communities they're going to join with to form the district. So there's a lot of activity taking place in the province at this point in time because of the deadlines that have been put on.

I have repeatedly said that the August 17 deadline is a necessary deadline. It has given people one year. Now there may be some people who don't get organized by August 17, and in that case we will have to work very closely with them and very intently to get them organized as quickly as possible after the August 17 deadline.

The point is, is that we need a deadline, we need a deadline if we're going to get district boards in place. People have had a year; the deadline has been established. The Department of Health is out in the field working with these people on an ongoing basis. We will provide them with whatever help that we can to get organized.

And we are hoping that a lot of these districts, we are hoping a lot of these districts will fall into place within the next few weeks coming. And if some don't make the August 17 deadline, then of course we will have to move the process along as quickly as possible.

Mr. Neudorf: — As quickly as possible — that seems to be your theme. Never mind whether it's done right, never mine whether there's really been local input — do it as quickly as possible. You have an agenda. You have August 17, and that's the birthday of your plan, I guess, is what you're trying to tell us; it's one year old then.

I don't think, Madam Minister, that when people read your responses in *Hansard* that they're going to be particularly impressed with the answer that you're giving.

I want to go off on a slightly different tangent right now. And you may have appropriate answers here, I'm not quite sure. But I know that you are coming in with The Health Districts Act as if this is a bolt out of the blue, at least that's been my impression and you may correct me if I'm wrong, but that this is something unique and distinct to Saskatchewan.

Now I just wanted to ask you: what is the relationship between this Act and the revised statutes of Saskatchewan Act of 1978, which is entitled An Act respecting the Provision of Health Services. And particularly there have been here revised Saskatchewan statutes going back as far as 1965 — chapter 252, for example.

Now what is the relationship between the Act that you're proposing now and the statutes that exist currently?

Hon. Ms. Simard: — As a result of this legislation and other health legislation that will be tabled in the weeks to come, there will be amendments to things such as the Act that the member opposite mentioned and any other legislation that is impacted as a result of the district health Act.

Mr. Neudorf: — It seems to me that the normal course of events would dictate that those kind of provisions would be part of the Act as we're going to be doing them now.

I'm asking you, are there differences that are going to be created as a result of this Act as compared . . . or your new Act, as compared to the existing Act? Surely you can't have two rules on the books at the same time, contrary to each other.

(1945)

Hon. Ms. Simard: — First of all, The Health Services Act . . . what is being developed here is a new structure and it is an independent structure of The Health Services Act. The Health Services Act is a totally independent structure.

However, because of the broader legislation that we'll be bringing in, for example, the amendments to The Public Health Act and because of the district board legislation, although they are independent structures we're talking about, we will be dealing with the health services legislation and any other legislation that we feel should be changed as a result of our broader legislative package which will include amendments to The Public Health Act.

Mr. Neudorf: — And you're telling me right now you have no idea of the impact of this new Act is going to have on the existing Act? Are there going to . . . is there no complication, is there no contradiction whatsoever? Is this what you're saying? Or are we going to have two sets of rules and it depends on

which Act you want to follow?

I'm not very satisfied with your answer, Madam Minister.

Hon. Ms. Simard: — The district health Act has no impact on The Health Services Act.

Mr. Neudorf: — Madam Minister, The Health Services Act talks about a lot of the things that are also talked about in The Health Services Act. We talk . . . I'm looking at the provision of health services, An Act respecting the Provision of Health Services, and I see such things here as definitions of health districts, health regions, health services, health regions again. Whole Acts on them, describing how health regions can be set up. Surely one is redundant and one is active. And surely there must be . . . This is a very comprehensive Act; I would suggest to you there is 30-some pages here, dealing specifically with how health structures are set up in Saskatchewan. Now you're telling me you can have two structures, two health Acts, that are not going to have conflict. I find that hard to imagine, Madam Minister.

Hon. Ms. Simard: — Mr. Speaker, The Health Services Act will be impacted by The Public Health Act that we will be bringing into the legislature and which will be amended. The Health Services Act will be amended as a result of the public . . . The Public Health Act deals with public health regions. We have a number of different regional structures in the province in terms of health care.

The district health Act is a totally different structure, separate and apart from the structures set up in The Health Services Act. The Health Services Act however will be impacted by The Public Health Act which will be tabled later, and which will result in amendments to the hospital services Act. So The Public Health Act will have some impact on it. This particular Act does not because it is a structural Act that sets up a new structure, and it doesn't affect the structure that's set up by the hospital services Act. That will however . . . The Health Services Act rather. That will be affected by The Public Health Act which will then have . . . provide for some contingent amendments.

Mr. Neudorf: — So what you're saying then, Madam Minister, is communities and constituencies that would . . . health constituencies that would prefer to follow whatever is in The Health Services Act would have that option, since it's still on the books and still legitimate, and still part of the law of the land. Is that correct, Madam Minister?

Hon. Ms. Simard: — Mr. Speaker, The Health Services Act, as a result of amendments that will be coming forward to The Public Health Act, will be repealed. And with respect to the regional empowerment, it is as well, my understanding, an enabling piece of legislation much like the one that we have now, the district board Act, which is enabling, allowing corporations to come together, for example. And in particular, targeted to union hospitals and ambulance corporations and other health care corporations to come together, amalgamate and form a district.

The Health Services Act will, as a result of the public health legislation, will be repealed in the legislature.

Mr. Neudorf: — I don't see this — what did you call it — the public health services Act. Has that been tabled in this House already? Has first reading been made on that Act?

Hon. Ms. Simard: — No.

Mr. Neudorf: — When could I expect the House Leader to give me indication that that Act will in fact be coming forward?

Hon. Mr. Lingenfelter: — Mr. Chairman, I wasn't listening closely, nor do I know the process, if during the debate on this Bill the House Leader can become involved in the discussion, but my impression is the Bill will be coming . . .

The Chair: — It is the Minister of Health who is responding and the question was put to the Minister of Health and I'll ask that the response to the question come from the Minister of Health.

Hon. Ms. Simard: — Fist of all, I want to say that these two pieces of legislation do not deal with the same thing. They are different pieces of legislation setting up totally different structures and they don't deal with the same thing. As to when the legislation is coming forward, I can't give you a date or a time on that because I don't have that but it will be as soon as we possibly can get it in.

Mr. Neudorf: — Could you indicate, Madam Minister, is that going to be this session that we're currently in?

Hon. Ms. Simard: — Yes.

Mr. Neudorf: — It will be. Now you're all over the board here, Madam Minister. One time you told me that we will be making the changes where there will be conflicts between The Health Districts Act and The Health Services Act.

Your first answer was, we will be making changes as they impact. Then you said, there will be no impact so we don't have to make any changes. So there were two kinds of answers there. Now you're telling me that, whoops — and I think you will admit this, Madam Minister . . . Everything is under control, Mr. Chairman, I'm just waiting for the minister while she is getting the information from her officials.

Thank you, I just wanted you to hear what I was going to say. Now in the meantime I've forgotten the point that I was on. Doesn't speak well for my memory, Mr. Chairman. But I think the basic point that I'm trying to get at here, Madam Minister, is that I don't think this is well thought out.

And I think what I've been talking about over the last

five, six minutes is an indication of the fact that maybe your whole plan, take more time. Like you're telling me right now, first one thing, then another. And then you say we have The Health Districts Act and we have this other Act here, The Health Services Act. We have two Acts here and you're telling me that there's no correlation, that there's no impact one to the other. At one point you said there was. Now you said there wasn't. Yes you did, you said we will make the changes as are required because of the impact of one Act upon the other. That was your initial statement. Then you told me there will be no impact. But then you said just in case there is, we'll chuck the one away completely; we'll repeal it. So you're losing me here a little bit, Madam Minister.

And I'm suggesting to you that it would be well for you to take your breath, take a bit of time, and let's do this thing properly. Let's take that August 17 deadline and perhaps we should make it March 17, '94. Give ourselves time to do this thing properly. Because obviously you've been caught a little bit unawares that this Act even existed.

Or why are the two not running parallel? Why are you so bent on getting this Health District Act passed and yet you haven't even introduced this so-called Public Health Act that you're going to be introducing that's going to be repealing the other one? I think the two should go in tandem. Is it not normal to repeal that one Act at the same time, maybe even have it included in The Health Districts Act? That would seem to me to be the logical way of handling the issue.

Hon. Ms. Simard: — Mr. Chair, The Health Services Act and The Public Health Act will impact on each other, the amendments that are coming to The Public Health Act. The district-board legislation is separate and it isn't impacted, except perhaps to the extent that district boards will have some right to provide public health services in the province.

So what is occurring is there will be legislation tabled to deal with The Health Services Act and there will be a new Public Health Act that comes forward. But the district-board legislation stands out separately on its own and we don't need amendments to The Health Services Act in order to have the district board Act effective.

There is a relationship via The Public Health Act which is what I was saying earlier in terms of impact. And we will need changes to health legislation as a result of The Public Health Act that will be tabled. And those will be made in this session.

(2000)

Mr. Britton: — Thank you, Mr. Chairman. Madam Minister, I would like to develop a couple of questions with you. First of all, I would like to respond to something that you said, and that is that we were opposing the health changes. We are not; we never have. We never have. What we were doing, Madam Minister, is reflecting what we found out in the meetings that we went to. The people were telling us that they wanted a little more time.

And that's all we were doing. We, as a matter of fact, started some of the changes in health care ourselves and you lambasted us, Madam Minister, when we brought the $125 minimum on drugs. You remember what you did to us when we changed the child dental care. That was some of the things we recognized and started to do.

The other thing, Madam Speaker, I would like to draw your attention to is a remark you made about, they've had a year. Well, Madam Minister, the folks did have a year but I don't think you understand that some of those people who are working on these, trying to assemble these boards, also have jobs and they have businesses to run and they don't have the time to spend as maybe your bureaucrats do — that's a full-time job for them. Those people in the country have to make a living as well. And I'm suggesting to you, Madam, that it's not just drop everything and go get the job done for those people. And I want you to understand that, and most of it's done voluntarily.

So that when you say they've had a year, that would be quite fine when you can turn your department loose who have nothing . . . I shouldn't say nothing else to do; but that's their main focus, they can do that. But when you get out in the country these people have jobs and they have businesses to run, and they're working on volunteer; they have to coordinate their meetings with other towns and villages who also have volunteer people.

So it's not fair. I don't think, Madam Minister, it's fair for you to say, but they've had a whole year. I think you must temper that a little bit with the knowledge of what's going on out there.

Madam Minister, what I'd like to develop with you tonight mostly . . . And I just wanted to bring those points to your attention because I've been at at least four of these meetings and the trend — or the theme, if you will — through every meeting I was at has been: give us time, we accept and acknowledge and will work towards change. That's all that I heard.

The other thing I heard, Madam Minister, was a little bit of a problem with what you're saying here and what your people say out at the meetings in terms of the appointments and the boards.

Madam Minister, I heard you this afternoon say that you didn't know what the appointees would be paid. Could I ask you who then will be paying those appointed members of those boards?

Hon. Ms. Simard: — Would you repeat that question, please?

Mr. Britton: — Thank you, Mr. Chairman. I appreciate your attention. The question was, Madam Minister, who will be paying these appointed members to the boards?

Hon. Ms. Simard: — Mr. Speaker, the appointed

members will be paid out of the global funding that will be allotted to the district in order to run the health care services. So funding for the board will come from the funding received from the government.

And I want to say this about the volunteers that have been working in the communities. We fully appreciate the very fine job that they've been doing with dozens and dozens of people throughout the province. We know they're doing it, in many cases on their own time and at their own expense. Some of them may be representing an organization or a board, but many of them are doing it at their own expense on their own time, and we appreciate the enormous amount of work people in Saskatchewan have been doing.

And I believe that that indicates the support that there is for reform, and the willingness of these people to put in this kind of time and effort is an indication of how they believe that this is the right direction to be moving. And although some may have problems with this thing or the other, for the most part they believe this is the right thing to be doing and they want to be part of the process. And we've been giving them a chance to do it.

Now unlike other jurisdictions, I might say, we have had several months of this process, and it's been a good process. It's not without problems but it's been a good process.

Now the question . . . the member opposite is worried about deadlines. I've said earlier it's absolutely essential that we have deadlines in order to move the process along. There may be situations on August 17 that become clear that it was impossible for people to get it all finalized by that period of time, in which case we'll work very closely with them to get it finalized as quickly as we can after the deadline.

And with respect to whether or not they support the legislation, I want to say this: that the member from Kindersley had clearly indicated that the official opposition — and this was at a meeting in, I believe it was at Eatonia — said that Bill No. 3 must be stopped. That is what the member from Kindersley indicated. Bill No. 3 must be stopped.

I think that that is grounds for me to indicate to this legislature that all of the good things that are included in this legislation are clearly opposed by the member from Kindersley and the members of the official opposition. They have said publicly, Bill No. 3 must be stopped. We cannot allow this Bill to go through, is what the member from Kindersley said.

Mr. Britton: — Thank you, Mr. Chairman. Madam Minister, I heard you say that you understood and realized the volunteer part of the work out there. Then my question is to you: why won't you listen to them when they ask you for some more time? These very people that are asking are the same people that we're talking about.

They're not asking . . . And I disagree with you totally when you say that we are the only ones that disagree with this. The people that I talk to agree with you that changes are needed. They may dispute or argue a little bit about what kind. And the biggest thing they're asking is, more time. That come out at Unity last night again. Your representative there gave misleading information again. So people, when they hear what you say and they hear what your bureaucrats say, are saying, well who's telling the truth here, or who's got it right?

And when you talk about the member from Kindersley saying it had to be stopped, we said it had to be stopped until people had time to look at it. And the mayors and the council and the board people are all saying the same thing. We had a young man get up last night and said, I don't know what to vote for because I don't know what you want. And if you're going to say to me, well he's had a year, well he hasn't had a year because last year . . . This was the first meeting they had in a year for that young man to attend at a public meeting. And that's all they're saying.

I want to get back to the paying of these appointees. Now you said the money comes out of the global sum. Does that mean that the board will set their own salaries, or who sets their salaries?

Hon. Ms. Simard: — The salaries will be set by the Department of Health. There will be a standard of . . . it will be a per diem, I understand, which will be set by the Department of Health and will be paid to board members.

Mr. Britton: — Could you indicate what range that salary would be in, Madam Minister?

Hon. Ms. Simard: — The per diem will be approximately $155 per day for the regional boards; in Regina and Saskatoon for a member per diem, it's 300 per day. The Chair is 235 in regional and 525 in Regina.

Mr. Britton: — Thank you, Madam Minister. Mr. Chairman, I would like to have the minister table that document for us, please.

Mr. Chairman, Madam Minister, do you see these appointees as being a full-time job?

Hon. Ms. Simard: — No, we don't. Now in the initial stages there may be a substantial amount of work as they're getting the organization in place. But we don't see that being a full-time job on a long-term basis. However, I do expect that in the initial stages there will be a lot of work going into getting the organization done.

The board members can opt to take less. We have provided you with this information, by the way. So we have given this to your members already.

For services of less than 5 hours in duration, the per diem rates are to be prorated. The amounts that we've talked about are maximums and chairs and members may choose to be paid a lower rate. There will be a

retainer for the chair of 10,000 in Regina and Saskatoon and 5,000 in the regional, and the boards by vote and resolution may set reasonable compensation for chairs or members who are assigned additional responsibilities, for example. The expenses while travelling would be reimbursed at Public Service Commission rates, and board members employed in Saskatchewan public service would not be eligible for remuneration for time spent on board business during regular working hours.

Mr. Britton: — Thank you, Mr. Chairman. Madam Minister, with your assurance that we do have that information, we'll just leave that for now.

One other thing . . . I had several things, but my colleague wants to ask a few questions. Can you tell me how the boundaries of the wards within a health care district will be set? I was under the impression by John last night that there would be a ward system — John Borody said so. And would you indicate to us, Madam Minister, how those boundaries will be set and by whom.

Hon. Ms. Simard: — Those boundaries will be set through a consultation process. It may involve public hearings. That process hasn't been outlined in detail at this point. But it will be through a public consultation process.

It will be done on a geographic basis, although we are looking at the concept of perhaps a population, such as an aboriginal population, forming a ward with a representative. It may be a better way of getting aboriginal representation on the board where there's a large aboriginal population. They will be designed in a manner to make sure that geographic areas within a district have representation on the board.

The concern has been expressed to me on a number of occasions that the larger centres, if we go by population, will have all of the votes on the board. So the design will have to be to balance that off so that there is geographic representation with some attention to population; but geographic representation to make sure that within the context of a district every geographic area has some representation.

How will we define those wards? It may be on municipal boundaries, depending on how the districts shape up. But we have to wait and see what the boundaries of the district are, and then through a process of public consultation, we will set the ward boundaries.

Mr. D'Autremont: — Thank you, Mr. Chairman. Madam Minister, a simple question. When your department people go out to the public for these meetings, whom do they represent?

Hon. Ms. Simard: — They would represent the Department of Health under the direction of the deputy minister.

Mr. D'Autremont: — Thank you, Madam Minister. When they make a statement at one of these public meetings, is that statement then department policy, representative of the minister?

Hon. Ms. Simard: — It depends what the statement is. Well the . . . Oh just . . . The member opposite can laugh. It's a silly question, I agree with you. It's a silly question. Departmental officials can go out, and the hope is that they will put out government policy, but they aren't always right on that necessarily. Therefore I think that if you have a specific statement and you want to know whether it's government policy or not, ask us the question.

(2015)

Mr. D'Autremont: — Madam Minister, we received a copy of a letter sent out by the Minister of Agriculture last year dealing with Crop Insurance people who stated that they were not to express any disagreements with government policy on the pain of being reprimanded for doing so. When your people go out, the department people go out to the public meetings, some of them are making certain statements. At some of these meetings government representatives are there, in the case of ministers or back bench MLAs (Member of the Legislative Assembly). When they make those statements, are they the statements of the government, of the department, or are they statements being expressed simply by that department official in some other type of capacity other than a department official, even though he is attending that meeting as a department official?

Hon. Ms. Simard: — Department officials do not make government policy. The government makes government policy. Department officials will have the mandate to go out and discuss and interpret and relay government policy to the public. They may not always get it right. And let's say this, they do not make government policy.

Mr. D'Autremont: — Well thank you, Madam Minister, because I was concerned with a particular Mr. Duncombe who seemed to be indicating some direction of government policy. Within the Act it states that core areas may be established with 12,000 people of population. Mr. Duncombe, more than once, has attended public meetings in which he says, 40,000 people is the proper figure for a health care district. He said this in Lampman and he said it in Carievale last week. And the Minister of Agriculture and the member from Regina Albert North were both present at that time and did not correct him.

At Kipling at a meeting, this same Mr. Duncombe stood up and said, no one will be allowed to form a core area with 12 to 14,000 people. Now, Madam Minister, he was there as your department's representative. Therefore I'm to assume that he was discussing or interpreting government policy as outlined. Is this true then that you are going to have to have 40,000 people within a health care district?

Hon. Ms. Simard: — Mr. Speaker, with respect to what a departmental official says or doesn't say, if the

member opposite has a particular concern, my suggestion is: speak to the deputy; tell the deputy what the departmental official said; we will tell you whether or not it's policy.

Now, with respect to districts of 12,000 or 40,000 or 20,000, I've answered that question earlier today. The answer is: government policy is that a district can be as small as 12,000 or a district could be 40,000.

Some people believe that larger districts provide more options and will express that belief. Some people believe that districts should be looking at amalgamating with larger centres because they will be able to receive access to a broader range of services. And there will be departmental officials that believe that and may go out and discuss options with communities and urge them to look at larger districts.

You will recall that the districts proposed by your government were 40 to 80,000. That's the proposal from your government. So the fact is, is there will be people in the community and departmental people who may feel that groups should look at larger districts, and they'll express that and urge them — communities — to look at these options.

Government policy is that districts can be as small as 12,000 or they can be as large as 40,000, if an area wants to get into a district of 40,000. So that's the government policy.

We urge communities to look at districts that will provide the best range of services for them. If they decide it should be 12 or 14 or 15, that's their decision. They may be urged to look at other options. That's fine. I think that's wise. I think people should explore all options. But the final analysis is, government policy is 12,000 or larger.

Mr. D'Autremont: — Well, Madam Minister, I brought forward this concern in question period about the bureaucrat bringing forward 40,000 as the preferred number.

Am I to understand then, Madam Minister, that you are giving your bureaucrats free reign to go out and express their own opinions as department officials at public meetings, that they have the right to free expression even though that may mean at some point in time they may disagree with government policy? You're giving them free reign to go out and say, we feel that 40,000 is the proper number as opposed to 12,000 and that you will not be allowed to form a district with 12 to 14,000.

On the reverse side of it, is it permissible for one of your bureaucrats to go out and say, I disagree with what the minister is doing, at a public meeting? Is free expression allowed on both sides of the argument?

Hon. Ms. Simard: — Mr. Speaker, the question posed by the member is absolutely ridiculous. It's just silly. The departmental officials have an obligation to do what they can to advance health reform and government policy. In the context of doing that, they will have leeway to express an opinion as to whether a smaller or larger district is more advantageous.

Mr. Neudorf: — Thank you, Mr. Chairman. I want to pursue this line of questioning just a little bit because I'm really amazed at the minister's response here.

Madam Minister, you have officials attending public meetings representing the Department of Health; representing directly then, the Minister of Health; representing directly the Cabinet; representing the government. Now don't divorce yourself from the role that these members are playing.

These are department officials representing you, Madam Minister, representing you because in many instances, you haven't had the courage to go out to these small-town meetings. You've attended a couple — one perhaps — in an open forum, totally open forum, without being orchestrated.

Now, Madam Minister, because . . . and I can see that you can't attend every one because there have been a whole host of meetings because there are very, very many upset people in this province. But, Madam Minister, for you to stand there and say that officials can say one thing, then you will turn around and say another thing because they did not happen to represent government policy, I'm going to put it to you this way, Madam Minister. These officials are out at these town hall meetings representing you. And the people there are asking these officials what does this mean, how does this affect us, what is this policy.

And the towns then will rely on the information that your officials give them and that's the basis upon which they will be making decisions. Now how can you stand there in your place and say, well if we happen to agree what the official said then we'll do it. But if we don't agree what the official said . . . and very often the officials, from the information that we're getting back, are saying some mighty weird things, simply to get out of town without any feathers on their back. That's the extent of these meetings in some cases.

So what are you saying now, Madam Minister, that the information that these officials have been representing to the towns, the meetings that they've attended, may be valid but then on the other hand may not be valid? Can these communities have any confidence in the information that these officials have given them or is that all subject to change at your whim?

Hon. Ms. Simard: — The officials in the Department of Health have done a tremendous amount of work, Mr. Chair, over the last . . . They have worked day and night on . . . for the people of Saskatchewan on health reform — day and night.

They have worked very, very hard and they've been throughout this province working with planning groups, working with communities, and attending community meetings and answering questions to the best of their ability. They have been doing that and

they should be commended.

Now I want to say this, that if the members opposite have a specific concern about a specific position or question that has been raised by an official, they should contact the Department of Health to get verification with respect to the issue to determine whether or not it is government policy. If they think there is something that's weird — because the member opposite said they have been making weird statements, he said, weird things — now if they think there's something weird, then their obligation is to touch base with the deputy minister to determine what this . . . whether this weird thing is policy. But the fact is, is that the officials have been working extremely hard. They've been doing a tremendous amount of work. And I want to say this. They don't have all the answers to every question.

Questions keep arising as we move through health reform. And it's important for the officials to say, well they feel the answer should be this, but they may not be sure because it may be a new problem that has arisen and they'll have to go back and determine the policy and ask government what the policy is. So this is an ongoing process in that fashion.

And I don't think that it serves the people of Saskatchewan well, nor the member opposite, to be attacking officials who are out there working and trying to do their best and to be trying to undermine them by saying they're saying weird things and doing weird things out there when these folks are doing what they think their job is and trying to serve the people of Saskatchewan.

And we recognize as a government that it's been tough on them. And we recognize that they don't have all the answers to all the problems that may raise, and they try their best in each of these situations. And if planning groups or members, MLAs have problems, they should ask us whether or not it's policy and we'll provide them with an answer.

But for the . . . And the members opposite laugh from their seats, laugh at these people who have been working very hard to put health reform in in this province in working with planning groups.

And all I can say is if there are weird things being said, ask us about the specific thing. We'll tell you whether it's policy.

Mr. Neudorf: — I'm very pleased, Madam Minister, that you have volunteered to share with us your policy. I would ask you then to table your policy in health, your policy booklets, so that we can once and for all see exactly what your policy is. I'm glad you made that offer, Madam Minister. Would you please table that for us so we can have a look at your health policy?

Hon. Ms. Simard: — I think the member opposite knows that we have a number of pamphlets that are out. I'm sure he's seen them. With policy we have our vision document; we have the users' district guide; we have a number of different policy pamphlets and policy booklets. We have the legislation; we have numerous speeches in this House.

And I must say this: there's far more policy that's been developed in health care than the members opposite ever did in ten years in government — far more policy . . . (inaudible interjection) . . . Oh, he sits from his seat in a mocking way and says, you won't give it to us. He has it. We will provide the House with what we've got. I know the member opposite already has access to that information. I know that and I know he already has it, but he's playing some kind of game here as per usual.

And this isn't the full extent of the policy; there is the district Act. Here we have "A Saskatchewan Vision for Health: a framework for change." Here we have "A Saskatchewan Vision for Health: challenges and opportunities." Here we have a "Health District Development Guide." Here we have "Health Needs Assessment Guide for Saskatchewan Health Districts." Here we have "Planning Guide For Saskatchewan Health Districts Part I: Strategic Planning." Here we have "Users' Guide to The Health Districts Act." Here we have "Guidelines for Pre-Amalgamation Agreements."

And that's not the full extent of it. We have this here tonight. It's not the full extent of it. We can table the rest as well. And I'm surprised the member opposite hasn't read this before. It's been available to the public. He should have been asking us for this a long time ago.

Mr. Neudorf: — Thank you very much, Madam Minister, and I appreciate your cooperation. And I will be looking forward to the rest of your policy. And I take you at your word now, that when you supply the rest of your policy documents that what I will have in my possession then is the Saskatchewan government's health policy — open, close quotation marks.

(2030)

Hon. Ms. Simard: — Mr. Chair, I have indicated as well that we have made speeches in this legislature. There have been a number of decisions that have been made with respect to bed targets, for example. And I have also indicated — if the member would quit chirping from his seat and just listen — I have also indicated that as health care reform moves along, there are new problems that arise and new issues that arise, and we will be dealing with those issues as they arise. And so there will be policy developed with respect to those issues.

We are working on a global-funding formula. That will be another policy issue. That will become public as soon as we've had extensive consultation. The wards haven't been established yet. When they are, there will be policy development in that regard, as we move through health reform.

So, Mr. Chair, I want to make it perfectly clear that

there is policy being developed in the health care area on an ongoing basis. We are working on ambulance, an improved ambulance system. There will be policy developed in that regard. And of course, this is the way we must proceed as we move through health reform. Issues will come up and they'll be dealt with as they arise.

Mr. D'Autremont: — Thank you, Mr. Chairman. I'm sure that the public of Saskatchewan are very pleased to know that Saskatchewan's health policy is an accumulation of pamphlets, speeches, and probably notes written on the back of napkins some place.

The people of Smeaton, Madam Minister, are not impressed with your health wellness model. They've sent 25 pages of petitions, but unfortunately, Madam Minister, they're not in the proper form to be accepted in this House. Therefore what I wish to do is to table this as a document tonight so that the people of Smeaton do have the opportunity to have their expression heard because they're very concerned about what you are doing here.

They feel that because they are, in their terms, in an isolated position because they are up on the Hanson Lake Road that they should be given some special considerations, as many areas of this province feel they should be done. And I'm surprised that the MLA for the area has not taken it upon himself to express these concerns to you. So I would like to table these tonight, Madam Minister.

The bureaucrat that I was commenting on, I did bring those concerns forward to you, Madam Minister, and at that time you did not provide any answers and again this evening you did not provide any answer as to whether or not when a bureaucrat attends a public meeting and makes an expression, whether or not that expression was dealing with direction from the department or whether or not he was simply flying off on his own, and whether or not those comments were in fact related to the health and wellness of this province.

Hon. Ms. Simard: — Mr. Speaker, with respect to officials, I have clearly replied to that question in this House on not one occasion but several occasions.

Mr. Martens: — Thank you, Mr. Chairman. I have a number of questions that relate to my area of the province and I have attended quite a number of meetings in my constituency and also to the south of me regarding . . . and the people have a great deal of concern in a number of areas.

I will begin by asking some questions so that I get a basis for some discussion a little later. One of the questions is: how many acute care beds does the city of Swift Current have?

Hon. Ms. Simard: — In Swift Current the ADC (approved daily census) level 6 is 78.6.

Mr. Martens: — Thank you, Madam Minister. If you took the community of Swift Current, and the three and a half municipalities that comprise the Swift Current Union Hospital district, I don't think you would have more than 20,000 people. Are you planning on reducing the beds in the city of Swift Current down to 30 to meet the requirements of the one and a half beds per thousand?

Hon. Ms. Simard: — This is a regional hospital and I'm advised by the officials that 1.5 doesn't apply to them.

Mr. Martens: — Then, Madam Minister, what number does apply to them?

Hon. Ms. Simard: — It would be somewhere within the range of two and a half to three, and that would be dependent on whether or not they went to that target on what the district board identified as secondary services in that area. So it would depend on needs. It would depend on the services being provided, but the target would be in the two and a half to three range.

Mr. Martens: — Well, Madam Minister, they are a unit by themselves, as I've seen the area surrounding them has gone into a unit called Rolling Hills . . . or a district called Rolling Hills. And that comprises the areas of Herbert, Cabri, Gull Lake, Vanguard, Ponteix, and Mankota. And that, Madam Minister, is a separate unit from the city of Swift Current. If I go with 3 beds at your maximum, and I went to the maximum on the 20,000, I think that you're likely going to have to cut 18 beds out of there.

And, Madam Minister, speaking to some of the individuals who live in that health region district . . . and I spoke to one gentleman who took his wife who is a diabetic, she had to stay in the hallways because she couldn't get into a bed till they stabilized her diabetic problem. And that, Madam Minister, is one of the issues that I think is a serious concern to those people in the city of Swift Current.

And I say to you that if you go one and a half beds times the 20,000, they're going to have to cut 28 beds out of there, and you're going to have riots in the street. And that's one of the reasons why your planning . . . your district planning committee decided they were going to quit, because they didn't want to tell the people or the city of Swift Current that they had to reduce that by 28 beds. Twenty-eight beds is a very, very serious loss in the Swift Current area. And would you mind telling us, in the city of Swift Current, what you plan on doing with those 28 beds?

Hon. Ms. Simard: — Mr. Speaker, with . . . The members opposite want to look at, you know, isolated communities and isolated situations. And I have said repeatedly that the bed targets . . . I have said repeatedly that the bed targets that we are establishing are provincial targets and regional targets.

And what will have to happen is the Swift Current district board will have to work in conjunction with their district, and because they're a regional hospital, in conjunction with other districts to determine what the appropriate bed level is for that particular facility.

They will have to do needs assessment in order to make that determination.

So beyond the standards that are set, there is flexibility for boards to take a look at what the needs are within their district and whether or not they service a larger district and what their bed requirement is. And it'll have to be worked out by those boards.

Now if it results in a reduction in beds, there are a number of measures that will have to be put in place in order to make sure that there are free beds. And we've seen Regina and Saskatoon moving in that direction very, very well, through initiatives such as more day surgery, through initiatives such as early maternity discharge, and so on — very positive initiatives that shorten the institutional stay of patients.

And so we will be asking if there is a bed reduction, and if it results in the kind of situation the member opposite was talking about, for these hospitals to take a look at ways that they can discharge people earlier.

There has been substantial funding into the home care sector, in the community-based services, to take care of people in their homes more quickly than what they have in the past. And this is a trend that's occurring right across Canada, and will continue to occur across Canada as we proceed on health reform — that is a movement from institutions to community-based services.

Mr. Martens: — Well, Madam Minister, at your figures on a regional hospital you're supposed to have between 25 and 30 beds, or 2.5 to 3 beds per thousand. And I gave you the district that that comprises: Madam Minister, it's three and a half municipalities plus the city of Swift Current, which would give you 2.5 times 20,000 is 50 beds. And if you go to the extent that you go as high as three, then you've got 60 beds.

Now you said there was an ADC of 78.6, that means that there is going to have to be a cut in Swift Current of between 18 and 28 beds. And that is something that I have raised as a concern in other places and I will raise as a concern to you, Madam Minister, that that is for the city of Swift Current, devastating — absolutely, totally devastating.

And, Madam Minister, to compound the problem, to compound the problem in the Rolling Hills district which has one, two, three, four, five, six acute care facilities today, and a volume population of 12,000 people, has five and a half beds — five and a half beds for 12,000 people. They should have 18, Madam Minister, 18.

And what everyone is absolutely, totally afraid of, Madam Minister, is this: that Mankota, Saskatchewan, which has nine hospital beds today, is going to have to give their beds up. The chairman of the board, Mr. Chuck Loewan, lives 25 miles south of Mankota. He is going to have to give up nine hospital beds in Mankota so that Swift Current Union Hospital can maintain their 78.6 beds. Is that what you're aiming for, Madam Minister?

And I'll tell you the people in Gull Lake and in Cabri and in Vanguard and in Ponteix and in Kincaid are just as upset as the people in Mankota are because you have only prescribed five and a half beds to that district; because you said to the member from Moosomin that they would in no way be able to bring forward acute care beds. And I say to you, Madam Minister, there is a very serious concern.

Now if I take and represent the people in my constituency, they are a part of the Swift Current health district and of the Rolling Hills health district. And, Madam Minister, it is a very, very serious concern. In order to have those hospitals dealt with in a proper fashion, you are going have to make some unusual changes to what you've just talked about right here. Because the people there have a very serious concern about what they're going to do. And I don't think, I honestly don't think that you should be considering this kind of a process without having those people understand the dynamics of what you're talking about.

And the member from Souris-Cannington raised a very specific point, because you cannot . . . I'll put it different — people in those districts are being told by Health department officials stories that are inconsistent every time they meet. And therefore, Madam Minister, it creates a problem.

(2045)

Now I'd like to have you address how you're going to deal with those two districts, how you're going to deal with a regional hospital in Swift Current which is going to have to have services provided from Kyle, where that health care district is, to the one on the west side where Maple Creek, Leader, Eastend, and Shaunavon are together with the Rolling Hills which are the ones that are around the city in that health district. Now you tell me what you're going to do with them?

They've applied for their status — I know the Rolling Hills has — they have applied for status as a district. And I want to tell you something else, Madam Minister, these people who are on those boards, these people who are on those boards have a very good memory, Madam Minister. They remember Health Region No. 1.

And you'd better be careful how you deal with these people because number one, they know what went on in Health Region No. 1, they understand governance, they understand the roles that district boards play, and they have understood it for a lot longer than you have. And so when you explain it to me, you'd better be prepared to have that same explanation made to the people. Because I will give it to them and when they . . . I think it's necessary for the people in the city of Swift Current and in that surrounding area to understand what you are going to do with those people.

Hon. Ms. Simard: — Mr. Speaker, Mr. Chair, rather, I

wish to say this. That it is impossible for us to sit here and talk in terms of what might happen if so and so goes into what district, and we are not . . . I'm not going to get into a discussion as to what will happen if Mankota goes in with Swift Current or if Ponteix goes in or doesn't go in. It would be unfair to do that.

I can speak in terms of generalities, which is this: that we have established bed targets, and they are just that, they're targets; they are not carved in stone. There is flexibility involved in it. We want communities to come forward as a district, to take a look at the services that they provide in that district and to people outside of the district in case of some regional centres, for example, to provide us with a plan as to what their needs are.

But we want them to take a long, hard look at the sort of services that are being provided. And if people, for example, are being kept in hospital for five days when they could be discharged after two days and other more appropriate services provided in the community, if there are programs that can be put in to effect — earlier discharge out of institutions rather than keeping people in the hospital, getting them home earlier — we want facilities and district boards and hospitals to take a look at that and to move in that general direction.

And so we've set some targets, but they are exactly that: they are targets and they're not carved in stone. There is flexibility. People's needs will be met. They will be met in the context of the availability of community-based services, in the context of geography, and in the context of what the needs are of the community — and what the needs are.

So we're asking people to do their plans and provide us with their plans. The Department of Health will take a look at that. We'll urge them to move to more community-based services, and we will take it from there.

Mr. Martens: — Well, Madam Minister, from my observations of the numbers and your lack of providing me with how they're going to be dealt with in the requirements of one and a half beds per thousand, it seems to me, Madam Minister, that you are going to ask the Swift Current Union Hospital district and the Rolling Hills hospital district to become one. And that is the only way, Madam Minister, that you can get the numbers that you have cited here to anywhere come close.

And so, Madam Minister, am I supposed to go to those communities and tell the people in those communities that that is what you are going to do? Because I will tell them and then you will have a very, very serious problem on your hands, and the member from Swift Current will have a serious problem on his hands. Because what you are doing, as a matter of fact, Madam Minister, is you are putting all of the beds into the city of Swift Current for the purpose of maintaining that facility and robbing people who have to drive 125 miles to get to the hospital.

If they want to go . . . and even taking it a step further, you cut out all acute services except one in that region, in that district, and they have five and a half beds — five and a half beds for 12,000 people, Madam Minister. And the furthest distance could be anywhere in the range of 110 to 125 miles to get to that facility for those people.

If you measure that, they are with less than .4 beds per thousand. And that's the reason, Madam Minister, that the people in Mankota and Ponteix and in Kincaid and in Vanguard are so upset. They've got 50 miles one way to drive for health care services — 50 miles is the least. And that's the centre that they are in. And it could be far more than that.

And so you don't want to deal with specifics here. Let the health district do it. But I want to ask you this question: will you allow the region to allow beds to be moved within the region, acute care beds? Will you allow the acute care beds that could be moved out of Swift Current, will you allow them to be moved to Vanguard and Kincaid and Mankota? Will you allow that to happen under your global funding?

And if you are, then you better tell the people because what Kincaid and Vanguard have is they only have six months from April 1, they've only got five months left to make that decision. And I want to know for my people in my constituency what you're going to do with them.

Hon. Ms. Simard: — Well first of all, I want to make this point. We do not have a district there yet, and there are still discussions going on as to what the district would be. So we do not have a district. And so there again I am going to speak in general terms.

Will we allow, if Ponteix was in a Swift Current region, for the Ponteix in-patient acute care beds to be kept open and taken out of Swift Current? And I want to say this to that. I have said repeatedly that only under exceptional circumstances would we consider a proposal to return to in-patient acute care beds in one of the facilities that has been advised in the last two or three weeks that their funding for in-patient acute care would be removed as of October 1 — only in exceptional circumstances where something has come up that the Department of Health did not consider.

Now the fact is, is that most of these facilities have not been doing acute in-patient services of the nature that is generally done in a hospital over the past few years. Surgeries in these hospitals are very minor. Deliveries have gone down considerably. And so the issue will be, is here, as to whether or not there would be beds in Vanguard for example, as you mentioned, would depend on an exceptional circumstance that the district board may say, gee this makes it essential for us to have a bed here. This is something the department has not thought about. They would then say to the department, would you consider that. Okay? So as to whether or not beds can just be moved around and the policy that has been announced in the last two or three weeks be reversed, the answer is no.

Mr. Martens: — Okay then I will assume that distance has no value in determination of the extenuating circumstances. Distance has no value. What has value in determining those individual criteria that will make exceptional services so the district board can deal with that?

And then the second question, Madam Minister, where there are no beds . . . Where there are five and a half beds in a population base of 12,000, why do you discriminate against those people? Why do you discriminate against those people against all of the odds in Saskatchewan? You said 1.5. And these people are at a .39; .39, Madam Minister, in their health district. Five and a half beds for 12,000 people. Do you think that that is fair?

And that, Madam Minister, is exactly what happened in that area, and I am here defending the people at Cabri, Gull Lake, Ponteix, Vanguard, Mankota, and Herbert. All of them have five and a half beds; five and a half beds for all of those health care districts. And that, Madam Minister, is exactly why I am raising the question here. I'm raising it from the perspective of you haven't even done what I think is obvious — give those people the beds that they require. And I think you deserve a very, very, pointed, serious explanation to those people.

Hon. Ms. Simard: — The members opposite know that there will be emergency acute care services provided in the facilities that are being converted. They know that. He says we never told them that before. We've told you that repeatedly. Where have you been for the last 10 days — sleeping in your chair? We've told you repeatedly, there will be role changes and emergency acute care services will be provided in those facilities.

So it isn't a question of driving hundreds of miles to get to a facility for services. I know you've been saying that throughout the province. I know you've been saying that. But it isn't a question of doing that. People will still have access to emergency acute care in those communities where there's been facilities.

Now with respect to whether or not they need in-patient, primary acute care, that is a different issue, as opposed to emergency acute care. Now does distance make a difference there? Well the fact is, we have stated what the policy is with respect to these particular facilities and we have stated that the decision will not be reviewed unless there are exceptional circumstances that the department has not considered.

And the department has looked at distances already with respect to primary acute care beds. Now if there is something that they have not considered, then a district board should take it to their attention, bring it to their attention. But it is completely misleading to say that people will have to drive hundreds of miles to get emergency acute care because that's not the fact.

The fact is it will be available in their facility if they choose to convert their facility for that purpose. It will be available to them. If they choose not to do that and want to provide it in another facility or want to provide it in ambulance services, that can happen as well, but the service will still be there.

Mr. Martens: — So now the minister has said that emergency services will be available in these health care centres. An emergency bed will be available. Can you tell me, Madam Minister, whether that emergency bed will be available in Cabri, whether that emergency bed will be available in Ponteix, whether that emergency bed will be available in Mankota, and whether that emergency bed will be available in Gull Lake and whether that emergency bed will be available in Vanguard?

Hon. Ms. Simard: — We have been talking about emergency services. Now there may be an observation bed, but we're talking about emergency services. Emergency services are when someone has a farm accident and is seriously injured, they have to go in, they've got to get stabilized, and they've got to get moved on into the city. That's what happens now; that will continue to happen. Emergency services will be, if a person has a cardiac arrest, we've got to get them into the hospital and stabilize them, and get them on to the city. That's what happens now; that service will continue to be provided.

The emergency medical services committee has formulated guidelines. Stable patients requiring observation for less than 12 hours may be placed in assessment holding beds. So there may be an observation bed. If you're talking about emergency beds that are there around the clock for people to stay in the hospital, we're not talking about that. We're talking about getting patients stabilized and getting them moved on, and there may be an observation bed in order to do that.

(2100)

In most situations where emergency acute care is administered, patients are sent on to the city as quickly as we can get them there; and that service will continue to be applied.

Mr. Martens: — Okay, now we'll just use as an example, the Vanguard hospital. You've closed it down in six months. You've closed it down, there are no acute care services going to be made available to any of the people in that. So they've got to shut the hospital down. The budget that they have received for the last four months . . . last six months, in relation to the statements made by the director of care there, will barely keep the heat in the building, Madam Minister. It'll barely keep the heat in the building.

And last year, Madam Minister, you put a brand-new X-ray machine in that hospital. What did you do that for? If you're going to shut it down, what are you going to do that for? Is the doctor going to stay for an emergency basis purpose to serve that community? You've got another guess coming. He isn't going to stay there.

So you've got a doctor in Cabri; you've got a doctor in Gull Lake; you've got a doctor in Vanguard; you've got a doctor in Ponteix; and one in Mankota. And five of them are going to be gone, Madam Minister, because they have no beds.

Are they going to get service into Swift Current, Madam Minister? Are they going to get service into Swift Current where they're going to have to cut between 18 and 28 beds? The doctors there are not going to allow that to happen, Madam Minister. You've got five more doctors wanting services in that facility. Guess again.

And that, Madam Minister, are the concerns that the people in my constituency and the constituency of Swift Current have; and they are very, very legitimate, Madam Minister.

Now the emergency service for a bed. Can you tell me what the difference is between what would be a stabilizing bed and one that would be an acute, that we could at least keep the patient there for three days or four days while, Madam Minister . . . and I want to point this out, the doctor in Herbert at the meeting there said this, and he is accurate.

He said, he said to the individual from the Department of Health that was standing there, he said, if you had a heart attack right now this very instant, I would have to stabilize you in the Herbert hospital until I could get a bed. It would take at least a week to get a bed in Regina. Why? Because you don't have people with hearts . . . cardiology experience enough in Regina and beds enough in Regina to have me deliver that patient into Regina. I'd have to keep him there a week, then I would have to have time after he's gone to Regina, to have him convalesce at home. Or are you going to turn him out to pasture?

And that, Madam Minister, is the extent of the problem that we've got. And that's why you can't take them away from Swift Current and give them to the rural part of the community because you're going to need them in Swift Current. And they need them in the rural part in order to maintain what Swift Current has because Swift Current itself has more requirements than you're meeting the need for.

And I want to say to you, Madam Minister, that you are creating a very legitimate . . . and I, Madam Minister, have used the services in those facilities, in a number of those facilities myself. I know that they are very frugal. They have their own, the community's, best interest in mind. And I'm asking you, why are you destroying that in the kinds of things that you're suggesting that they have to do?

They have done needs assessment. They are prepared to work with you. As a matter of fact, Madam Minister, you received a letter from the director of care in the Cabri hospital. They have been talking wellness in the Cabri hospital since 1990. And you think you are the first and bright, shining light. Well, Madam Minister, they are way ahead of you.

And in the letter she wrote to you, she copied to me, she said this too; she said we have nursing aides do the laundry to keep the costs down and efficiencies in this hospital. That is a fact, Madam Minister, and to say that these people don't understand wellness nor budgetary control is way off the beat, way off. And I want to have you give some comfort to the people in those areas.

There is only one hospital, one emergency service between Leader and Swift Current today and that's a hundred miles, Madam Minister, a hundred miles. You can't go north of that without crossing the river. And if you want to do that you can only do it in wintertime on the ice, and that is highly risky. And that, Madam Minister . . . those are facts. On the west side you're bound by a border, on the south side you're bound by a border, and we have to deal with that there.

And, Madam Minister, what I see you doing is that you are going to, as soon as this is done, say to the people in Swift Current and Mankota, you're in the same district. And that, Madam Minister, is going to create a very, very serious problem to the hospitals in my constituency and the member from Shaunavon's constituency, and the member from Swift Current. And I don't believe you have even begun to understand the significance of that. And, Madam Minister, I'd like to have some explanation from you because this is what those district planning boards have come up against.

Hon. Ms. Simard: — Mr. Chair, I do want to acknowledge the work that is being done in hospitals throughout the province and the work that is being done by administrators and boards and employees in the system. They have been working very hard and they have been trying to be innovative and creative and I want to commend them for that.

I want to respond to the member opposite who said, what's the difference between staying in a bed for three days and having an emergency acute care bed. Emergency acute care bed means they're stabilized and sent out. If a person's in a bed for three or four days, it isn't emergency; it's acute care and requires 24-hour nursing and requires a greater expenditure in terms of dollars if they're in a bed over a period of days. Emergency acute care, they're stabilized and sent on to the city.

Well they won't be able to get into the city. That's hogwash. If they're an emergency, they will be admitted to a hospital in Saskatchewan. If they're an emergency, they will be admitted.

Now the member says, well there's the fracture in Regina. There may be an exception that's occurred; that whole thing is under review right now. Because if there's an emergency, they'll be admitted into the hospital.

To use one case as opposed to hundreds that go in is really very unfair to the medical professionals and the

people working in that area, to use that as a generalization of this happening constantly throughout the province. I think it's very unfair to the physicians and the administrators and health care people working in those facilities. If there's an emergency case, they will be admitted to hospital and taken care of.

Now the question then came to, around to, well what happens to these people when they're better, or they're almost better and we're going to release them and send them back home? If they are well enough to be released, what happens in Regina and Saskatoon and the cities is that if they're well enough to be released and they go back into the community, if they need follow-up care, it's done through community-based services, through home care.

That service, we are working to establish that network throughout all of our communities so that community-based services and home care can, where people are well enough to be released, trigger in and help them to continue their convalescence in the community.

Now it may be that if they're not well enough to be released that they will have to stay in the hospital longer, but they won't — and so they will — but they won't, as the member's suggesting opposite, be sent out when they're not able to be released without any care, because first of all, there will have to be a physician that indicates they're well enough to be released; and secondly, home care will then follow-up to make sure that the remainder of their convalescence is done at home and that they are looked after.

Mr. Martens: — Well, Madam Minister, the real world isn't round, the real world has lumps and bumps on it. And I will say to you, Madam Minister, I've been involved in some of those lumps and bumps through my involvement in my community, and one of those lumps and bumps is you say that as soon as a mother is able to move out of the hospital and go back to her home then that's the best thing for her. You're right, Madam Minister, that's right. But if that's three blocks from the hospital, there's a lot of comfort in that. There is a whole lot of comfort in that, being three miles . . . or three blocks away from the hospital.

But, Madam Minister, if that mother is sent home from the Swift Current Union Hospital and that mother happens to live in Mankota or 25 miles south of Mankota, what is she going to have for a comfort level in determining what she is going to have to go through and the trauma she's going to have to go through? Or are you going to have to have a day care centre just outside the hospitals to have these people come to the place where they're going to have total confidence in what's going on? That, Madam Minister, is the concern.

Now I'll put it to you this way, Madam Minister: the town of Success is only . . . less than 20 miles outside of the city of Swift Current. And a very good friend of mine, a new mother, began to hemorrhage and she had very, very little time to get to the hospital. She's alive today because it was only 20 miles away.

But, Madam Minister, if she was 50 or 75 or 125 miles away, I don't care how good your emergency services are, if there isn't a person who is able to deal with that in a very, very real way, you're going to have a funeral on your hands, Madam Minister. That is what you're going to have on your hands and that's the concern that I raise to you. Those are the things that don't fit into your wellness. Those are the things that don't fit into the normal process of the things that you're trying to do here. And I want you to respond to that.

Hon. Ms. Simard: — Mr. Chair, with respect to early discharge of the patients, physicians are always very much aware when they discharge patients where they live and what services are available in the community. And we know that physicians will continue to take a very responsible position in that regard so that if they believe their patient is at some risk because of distances, they obviously aren't going to discharge them. Or if they believe there aren't adequate home-based services there, they will not have early discharge for that particular patient.

So the physicians bear these things in mind. They just don't say everybody stays in two days — bang you're out — if they've had a baby. They consider the circumstances of the individual, they consider the circumstances of the community that individual would be going back into. And I know that physicians will continue to have that consideration.

When the member opposite refers to individual cases, I think he makes a very good case for what we are trying to do in rural Saskatchewan, and that is is to deliver a top-quality, early response system. Having in-patient acute care beds doesn't help that situation. What helps that situation is upgraded emergency acute care and an early response system that can act immediately when a woman in that danger experiences difficulty.

That's what counts, not in-patient acute care beds in a hospital. It's the emergency acute care and the early response system. And that is why it is so essential for us to take wasted institutional dollars on beds that aren't used for acute care but are used for in many cases long-term care and other services in a community, to take those institutional dollars, put them into an upgraded early response system, put them into emergency acute care and get those patients attention immediately.

Mr. Martens: — Well, Madam Minister, at the meeting in Mankota — and the people that were there, the member from Humboldt, and the Minister of Agriculture, and one of the other members was in Mankota — and there was a lady that stood at the back and said to the minister and to the MLAs that were there, and said: last year there was an ambulance sent out to pick up a young man that had a vehicle accident. And the ambulance is from the area; they know where the roads are. But they missed the road by a mile, Madam Minister. And what they did is they

attended a funeral that week — they did not get to that place because they missed the road by a mile. You're going to send emergency services to those people.

(2115)

And, Madam Minister, my youngest sister was born in the house that I live in, in a blizzard. When we had asked for the airplane to come out and get that . . . to provide that service — we asked for the service to come — and my father delivered my youngest sister in their bedroom on the 25th of March in 1955, Madam Minister. I understand some of those things that deal with medical attention and requirements for medical attention, and there are many, many people who can identify with exactly the same thing.

And, Madam Minister, we're grateful every day for the things that happen that happen right. But as a matter of course, Madam Minister, it doesn't always happen that way.

And that's why, when you send emergency services, they cannot drive 125 miles to deliver that emergency service to that community at Mankota. And I only live 20 miles out of Swift Current, Madam Minister — 20 miles out of Swift Current.

And you want to make that emergency service available to every farm and every community throughout that area? Well they've got lots of technology and there's people in the south-west are putting 911 in today, Madam Minister. They're putting 911 in today, and they are going to give the locations, the exact, precise locations of every farm. They'll be able to identify every location.

That's all fine and good, but when it's 40-below-plus and it is blowing snow out there, it takes heroics on the part of the people who are well just to deliver that kind of an individual to emergency service without undue risk. And that, Madam Minister, is very, very serious.

And that is at 20 miles away. And you're going to do this at 125? That's what the people are really, really concerned about. And, Madam Minister, I want to have some response. I think the people in my part of the province need to have a certain degree of comfort on that.

And I'll tell you why those hospitals were built in the first place, Madam Minister. They were built in the first place because of the distance that they had to go. The distance they had to go in order to get health services.

And that, Madam Minister, is reason that the majority of them were built. And I want to know, and the people in my constituency want to know, they want to have some comfort in how you deal with the problems that I have just explained to you. And those are real, Madam Minister. They are very real.

Hon. Ms. Simard: — Well first of all, Mr. Speaker, in these situations the member opposite describes, where there has to be surgery, you can't do a surgery without an anesthetist. You can't do this kind of major surgery without anesthetists. These people do not go into their small hospitals and obtain this kind of major surgery. They are stabilized and moved on to a place where they can obtain this service.

So the member opposite is simply making our point, which is that we need better emergency services and a better first response system in these small communities with hospitals that don't have anesthetists and can't do the kind of surgery that would be required if there was a major farm fatality for example.

So yes, they can stabilize and they will still be able to do that. But they cannot deal with serious cases. And yes we need good medical attention to stabilize people. And that will still be available in the facility. And then we need an upgraded ambulance and first response system . . . or a response system to get these people to where they can get medical attention. So the member opposite, I believe, simply makes the arguments of the government.

What this community also needs is a good prevention program if they have high farm fatality in the community. We want these district boards to come together to do their needs assessment, to determine if they have high farm fatalities in those areas, if they have high risk to farmers. Well then that should be built into their needs assessment. They should have a prevention program to do that. They want to take a look at their emergency care and to see how they can deal with it more effectively and more promptly.

But what they don't need is in-patient acute care beds to provide the kind of service that's necessary to get these people the medical attention they need in an emergency. They don't need wasted dollars on in-patient acute care beds. They need those dollars targeted to upgraded emergency systems and to prevention programs to prevent the accidents from happening to begin with.

Mr. Martens: — Well, Madam Minister, I want to just point something out to you. Driving down a gravel road that's just been graded, at 120 or 100 miles an hour is almost impossible to do, and you are going to have pile-ups from people trying to do that thing. And I don't care how good an ambulance driver you are, Madam Minister. If you're going down the road at that kind of speed because of the emergency requirement, you're going to have more accidents, Madam Minister. Because what you would do is you intensify the problem that already exists and that, Madam Minister, is exactly what these people are saying.

Now you said that emergency service would be available in those hospitals. Is it going to be available in Vanguard and in Kincaid? Is that emergency service going to be available in those two hospitals?

Hon. Ms. Simard: — We have told hospital facilities that we believe they should provide emergency acute care, that they should change their roles, and one of the things they should do is provide emergency acute

care. They may also want to provide other health care programing.

The ambulances can also provide emergency acute care through EMT (emergency medical technician) systems and other systems by stabilizing people. So there are a number of options available to these communities.

We have asked these communities to sit down with their district boards where there are boards; with their planning groups and steering groups where there aren't boards, to talk in terms of what the needs are and the health care planning and the emergency acute care that will be provided in that community.

So the answer is yes, there will be emergency acute care; yes, the government is urging that the facilities be used in that fashion. We are also asking communities to talk to their district boards and do it in the context of the district and to come up with a community decision based on a district basis as we proceed in that general direction. What is happening now is the emergency acute care is being provided in those facilities and they move them on to the city. That will continue to stay in place.

Now the member opposite said, well there isn't enough money to even keep the heating on. The money that has been referred to in the correspondence sent to those boards is transitional funding to convert from an in-patient acute care facility to a health centre with emergency acute care. It's transitional funding to do the conversion. And it's to go to the district board, and the district board will have the global funding and be able to move these facilities in that direction. Next year, how do we keep open the health centre? The global funding formula will take into consideration the services, and will fund the services that are being provided in that community that have been agreed upon between the community and the district board.

So the one-time transitional funding that you're talking about is that. It's transitional funding in this period of transition, and in the new fiscal year there will be global funding to take care of the services that are then being provided in that facility.

Mr. Martens: — Would I be able to tell the people in Vanguard and Kincaid that they're going to have an emergency bed available in that facility, in those two hospitals, and that they will be able to have that emergency . . . a bed available on a 24-hour basis, 365 days a year? Will you be able to tell me whether I'll be able to tell these people that?

Hon. Ms. Simard: — Mr. Chair, we aren't going to create one-bed hospitals. We are going to provide emergency acute care and we have asked hospitals, in conjunction with the district boards, to do their plans and to look at role conversions of these facilities because that's what we believe should occur.

And in the role conversion they should provide emergency acute care services. That may mean an observation bed for emergencies in order to take a look at a person while the ambulance is picking them up and getting them on to a city hospital, which is what happens now. Those services will continue to be provided. What we won't be providing is in-patient acute care where a person can stay in bed for several days, because that is not an emergency.

Emergency care will be taken care of, but hospital boards must do this in conjunction with their district boards and their planning groups. They have to come forward with a plan, with options, and then move in that direction and with the consent of the district board or the planning group.

Mr. Martens: — Is there going to be also a respite bed available to those individuals in those facilities? Now I'm talking specifically about Vanguard and Kincaid because both of them are unique. They're not level 4 care integrated facilities; they're hospitals.

And I want you to tell me . . . I think I've got the understanding from you that they will have an emergency care service. In relation to that, if there is no bed available for them to move that patient, Madam Minister, will they have the ability to leave that patient in that facility until there is a space available on an emergency basis, to either Swift Current or Regina or wherever? Can you give me that assurance, Madam Minister?

Hon. Ms. Simard: — Mr. Chair, I've said repeatedly, one of the options in a facility is respite care. I am not going to stand here and say, yes, there's respite care here; no, there isn't here; yes, there's this there. We have asked boards to come forward with their plan. We have asked hospital boards to get in touch with their district boards and to do the necessary health care planning to provide us with what they believe affordable, sustainable options are. That may include respite care or day care; it may not. It will depend on what the needs are. Maybe respite care in one of the integrated facilities makes more sense in that particular district. We will ask the district to take a look at what facilities are there, what services they can provide, and to come forward with their plan and their options.

The members opposite continue to look at one community, one institution. We have been saying for months now that it's time for us to go beyond that. It is time for us to start thinking in terms of a group of communities and the services that can be provided in a group — not one community, not one institution, but several communities coming together and providing these services. So I keep coming back to the need for our hospitals that are facing cuts to in-patient acute care to get into the context of a district, to do their planning on a district basis, and to come forward with their plans.

There are all sorts of potential for these communities for enhanced programing that they can look at. We had a number of proposals put forward, for example, by some communities, such as health promotion and rehabilitation programs, such as health prevention

programs. If we're looking at a community with farm accidents, there could be prevention programing done and they could use the hospital facility, the health centre, to do that kind of program. The possibility of basic physician's services being administered out of that facility is a potential. The possibility of program coordination to provide a single entry point to health services by assisting people and accessing a broad range of health care services in the district and outside of the district, regionally and provincially — that could be done in the context of that facility.

The emergency response system and the 24-hour nurse call system is another potential that people can consider. Out-patient treatment services could be delivered out of that facility. That includes a 24-hour out-patient treatment component. Lab and X-ray on site — those services could be provided on a daily basis, or a bi-weekly basis, or whatever is appropriate and whatever the needs are with respect to the community.

We can have observation. In some cases a patient that arrives at the out-patient emergency department may require short-term observation before the preferred method of treatment is determined. That sort of service could be provided in there.

There are a whole range of potentials, from self-help groups, counselling, assessments, to emergency response and basic physician services. And this facility could be used for that purpose.

(2130)

But what has to happen is people have to put on their thinking caps. They've got to get together in communities; they've got to get together on a district basis and come forward with their plans and their options, and then we can take a look at it in the context of global funding and meet the needs of the people of that community and of the district.

And that's the key here — to take institutional dollars that are being used on beds that aren't being used, for a broader range of services. The Milden hospital for example, which is converting and has been before we even made the announcement, is looking at bringing therapists and dentists and chiropodists into their community. They're exploring those possibilities. They see the opportunities within the change.

But they're doing it in the context of a district and they're seeking the support of larger centres and asking them to help them and provide these services in their community. And there's a cooperation that's taking place in the Midwest area, and in Twin Rivers, that is really very spectacular and very enheartening. And they are looking at conversions and they are looking at ways that they can enhance programing for their communities and how they can use these facilities. And they'll be coming forward with their plan.

And so we are asking every one of these facilities that are looking at in-patient acute care funding reductions to get involved in a district. That's why the district board legislation is so necessary. Get involved in a district and then let's do our plan and our needs assessment and let's get this resolved as quickly as we can, so that these communities are not left wondering what services will be available. We're anxious to work with them; we're anxious to work with their planning groups to get these issues resolved.

Mr. Neudorf: — Thank you very much, Mr. Chairman. Well, Madam Minister, that certainly sounds encouraging and I think a lot of people have taken heart of what you're saying now. And I just want to follow up a little bit on that because this afternoon what you were telling my colleague from Moosomin doesn't seem to jibe with what you're saying now.

You're saying to us, tell the boards we want these district boards to come up with their plan. We will do a needs assessment, that those people make the needs assessment. You said it will be their plans, their options, and you said that there's a whole range of potential of things that could be included within the services provided by this health district.

And, Madam Minister, this means then that if a community decides that in spite of your government's cut-backs, they're going to keep their acute care beds because they need them — it's obvious my colleague from Morse here has made a very, very strong case for that — so what you're telling now then is if they can, for example, like the VON (Victorian Order of Nurses) in Regina here, come up with close to $200,000 of volunteer money, as long as they can provide that, as long as the need is there, as long as it is sustainable, in your own terminology, you will put your blessing upon it and say to the community, go for it because it's what you want. Is that correct, Madam Minister?

Hon. Ms. Simard: — Mr. Chair, I'll answer this question again. With respect to in-patient acute care beds, the government has made a decision with respect to 52 institutions in the province. That decision will not be reversed except under exceptional circumstances that may not have been considered by the Department of Health when they established their criteria and did their analysis across the province.

It is not open to district boards to reverse all these decisions, as the member opposite suggests, and we have never implied that. What we have said is we want to rechannel in-patient acute care funding to other options, and we want districts and the communities, the facilities that are involved, the facilities that are receiving reduced funding in conjunction with their planning groups or their district boards, if there's a district board in place, to look at options.

One of the most important options is the emergency acute care. That has to be maintained in a community. I have just spoken to a list of a whole range of other options that can be considered. The services that funding will be provided for have to be affordable,

they have to be sustainable, and they have to relate to needs. So the needs assessment will be done by the planning group or the district board, if there's a district board already in place. The options will be reviewed and funding will be targeted where there is the most need.

We are, however, urging the facilities involved and the district boards to consider, first off, the need for emergency acute care services in that facility. We want them to take a look at providing X-ray and diagnostic services in that facility. And I have listed a whole range of other potential options.

It will have to be, however, done . . . like people won't be able to come and simply say, well we want to get this in here three times a week and that's it. It'll have to be done in the context of needs. It'll have to be done in the context of the funding that's available and it'll have to be an affordable and sustainable system. And with respect to in-patient acute care beds, in those 52 facilities, that decision has been made.

Mr. Neudorf: — Well, Madam Minister, that just proves that your entire process of consultation and listening to the people is a farce. They can do what they want as long as it is exactly within the parameters that you set out. You're making the rules, in fact you're making the rules as you go along and you're making these people abide by those rules with no real input in it at all for themselves.

That's what you're saying, Madam Minister, that if the community wants to improve its hospital, if the community wants to take that kind of initiative, you're saying no, even if it means rejecting volunteer money that may be being put into the system. Well then from that, Madam Minister, I would conclude, logically, the next step would then be that they can also not go to the property base and tax it.

That seems to me, Madam Minister, would be a logical conclusion, that you would prohibit them from accessing the property tax base. Which would seem to me then that there would be no logical reason for you to persist in the denial of the request by SARM (Saskatchewan Association of Rural Municipalities) and SUMA (Saskatchewan Urban Municipalities Association) to do away with The Hospital Revenue Act. Would you agree with them now then, Madam Minister, that there's no need for that Act? Would you in fact do as they've requested and repeal that Act?

Hon. Ms. Simard: — Mr. Chair, the hospital revenue tax Act provides funding for the delivery of a whole range of health care services in the province, provides funding for that. These boards do not tax under the hospital revenue tax. It's a tax that's automatically in and it's automatically collected where there are not union hospital districts.

The member opposite is saying, get rid of it and upload the $20 million onto the provincial government or take it right out of the system. If you get rid of the hospital revenue tax you're taking 20 to 23 million right out of the system — bang! No more funding for even the options that we're talking about in these 52 facilities. No more funding from the local level. I mean the logic of the member opposite's statement earlier in this question that I'm attempting to answer just doesn't ring true: that if for example we make a decision with respect to 52 facilities, then there should be no taxation at all on the property tax base. It just doesn't follow.

Now with respect to the hospital revenue tax, there may be a better way of doing that, of raising contributions from the local level. There may very well be a better way and we're exploring that with SARM and SUMA. But for the members opposite to draw the conclusion that we should just remove the hospital revenue tax because we have district boards and they don't have taxation power, is really illogical. Yes, the boards don't have taxation power. The hospital revenue tax is not a tax put on by the boards. It's a tax that's simply there. It's to provide for local contribution to health care services. The issue then becomes what is the best way to contribute locally to health care services: through a tax on the property tax base, through some other form of taxation. And that discussion is taking place today between SARM and SUMA and the Department of Health, and other health care stakeholders such as the SHA and SASCH (Saskatchewan Association of Special Care Homes), and so on.

And those discussions should take place before we proceed with any further changes with respect to the property tax base. The district boards will not have the right to tax on the property tax base. That is correct, Mr. Chair. And we have already, as a result of the legislation that we're proposing, there is approximately $5 million being taken off the property tax base because the union hospital district Act will not apply — which is an average of 4.5 mills — as opposed to the hospital revenue tax, which is a 2 mill levy.

So already there is an uploading of $5 million under this district Act legislation. And the members opposite oppose it. They do not want the province to take over that $5 million off of the property tax base. And I say that's totally consistent with their position. They want it off the property tax base but they oppose the legislation that's already taking $5 million off the property tax base and upload it to the provincial government.

Now is there any consistency in that approach? None at all. It doesn't make any sense. They want The Hospital Revenue Act repealed before we even have a district health Act. They want more money in health care services but they want the local contribution repealed. They want to take 20 million out of the system without thinking it through. And they object to legislation which is going to upload $5 million to the provincial government. I think that the members opposite have not thought through their position very well, Mr. Chair.

The division bells rang from 9:43 p.m. until 9:46 p.m.

Clause 1 agreed to on the following recorded division.

Yeas — 21

Thompson	Whitmore
Simard	Sonntag
Lingenfelter	Roy
Teichrob	Cline
Shillington	Wormsbecker
Anguish	Knezacek
Kowalsky	Harper
Lorje	Keeping
Lyons	Langford
Pringle	Jess
Draper	

Nays — 4

Neudorf	Britton
Martens	D'Autremont

The Chair: — The Chair would like to advise the members of the committee that by virtue of the time allocation motion which is governing the Committee of the Whole consideration of Bill 3, and by virtue of the fact that it's now past 9:45 p.m., that the Chair should now put every question necessary to dispose of every section of the Bill not yet passed.

Clause 2 agreed to on division.

Clause 3 agreed to on division.

Clause 4

Mr. Neudorf: — On a point of order, Mr. Chairman.

The Chair: — Point of order.

Mr. Neudorf: — My point of order is, Mr. Chairman, that according to the time allocation on April 19, part of the motion on time allocation read:

> That there shall be two sitting days allocated to the consideration of the said Bill in Committee of the Whole, and that at 15 minutes before the time set for adjournment on the second sitting day (which is where we are right now, Mr. Chairman), unless sooner concluded, the Chairman shall put every question necessary to dispose of every section of the Bill not yet passed and shall report the Bill forthwith to the House, and the question for the first and second reading of any amendments shall be put forthwith and decided without amendments or debate . . .

Now, Mr. Chairman, pursuant to the rules of this House, the opposition has, with the assistance of the Law Clerk of this Assembly, come up with very reasoned amendments to this Bill. And these amendments, sir, are in your possession and we have followed due course of the proceedings of this House in coming up with reasoned amendments that are in order according to the Law Clerk who has assisted us. They are in your possession, sir; they have been disbursed in the normal course of events with six copies each being made, and they are now part of the process of determining the culmination of this particular Act.

And so therefore in clause 4 that we are right now, sir, you have three amendments dealing with clause 4 before you that should be dealt with as part and parcel of the question being put. So my point of order precisely, Mr. Chairman, is that we are not ready to dispense with clause 4 but rather have to deal with the amendments first.

The Chair: — The member for Rosthern has raised the point of order stating that the opposition has amendments to move on remaining sections of the Bill that have not been called. According to the time allocation motion adopted on April 19, I am unable to recognize members for further debate after 15 minutes before the set time of adjournment on the second day spent in Committee of the Whole on this Bill. I refer members to the second paragraph of the motion which was referred to by the member from Rosthern and as follows, and I quote:

> That there shall be two sitting days allocated to the consideration of the said Bill in the Committee of the Whole, and that at 15 minutes before the set time for adjournment on the second sitting day, unless sooner concluded, the Chairman shall put every question necessary to dispose of every section of the Bill not yet passed and shall report the Bill forthwith to the House, and the question for the first and second reading of any amendments shall be put forthwith and decided without amendments or debate . . .

Now under this order the Chair is required to:

> . . . put every question necessary to dispose of every section of the Bill not yet passed.

An amendment cannot be voted on until it is moved and it cannot be moved without a member being recognized in debate. At this point there is no further debate. The question must now be put on each remaining clause and the Bill is then to be reported to the House. And I will rule that the point of order is not well-founded.

The division bells rang from 9:53 p.m. until 10:03 p.m.

Clause 4 agreed to on the following recorded division.

Yeas — 22

Thompson	Draper
Simard	Whitmore
Lingenfelter	Sonntag
Teichrob	Roy
Shillington	Cline
Anguish	Wormsbecker
Kowalsky	Knezacek
Koenker	Harper
Lorje	Keeping

Lyons	Langford
Pringle	Jess

Nays — 6

Neudorf	Britton
Martens	D'Autremont
Boyd	Goohsen

The division bells rang from 10:04 p.m. until 10:14 p.m.

Clause 5 agreed to on the following recorded division.

Yeas — 23

Thompson	Draper
Simard	Whitmore
Lingenfelter	Sonntag
Teichrob	Roy
Shillington	Cline
Anguish	Wormsbecker
Kowalsky	Knezacek
Koenker	Harper
Lorje	Keeping
Lyons	Langford
Pringle	Jess
Calvert	

Nays — 6

Neudorf	Britton
Martens	D'Autremont
Boyd	Goohsen

The division bells rang from 10:16 p.m. until 10:26 p.m.

Clause 6 agreed to on the following recorded division.

Yeas — 19

Thompson	Sonntag
Simard	Roy
Lingenfelter	Cline
Anguish	Wormsbecker
Kowalsky	Knezacek
Lyons	Harper
Pringle	Keeping
Calvert	Langford
Draper	Jess
Whitmore	

Nays — 6

Neudorf	Britton
Martens	D'Autremont
Boyd	Goohsen

The division bells rang from 10:28 p.m. until 10:38 p.m.

Clause 7 agreed to on the following recorded division.

Yeas — 20

Thompson	Whitmore
Simard	Sonntag
Lingenfelter	Roy
Anguish	Cline
Kowalsky	Wormsbecker
Koenker	Knezacek
Lyons	Harper
Pringle	Keeping
Calvert	Langford
Draper	Jess

Nays — 6

Neudorf	Britton
Martens	D'Autremont
Boyd	Goohsen

The division bells rang from 10:40 p.m. until 10:50 p.m.

Clause 8 agreed to on the following recorded division.

Yeas — 21

Thompson	Whitmore
Simard	Sonntag
Lingenfelter	Roy
Shillington	Cline
Anguish	Wormsbecker
Kowalsky	Knezacek
Koenker	Harper
Lyons	Keeping
Pringle	Langford
Calvert	Jess
Draper	

Nays — 6

Neudorf	Britton
Martens	D'Autremont
Boyd	Goohsen

The division bells rang from 10:51 p.m. until 11:01 p.m.

Clause 9 agreed to on the following recorded division.

Yeas — 20

Thompson	Whitmore
Simard	Sonntag
Lingenfelter	Roy
Shillington	Cline
Kowalsky	Wormsbecker
Koenker	Knezacek
Lyons	Harper
Pringle	Keeping
Calvert	Langford
Draper	Jess

Nays — 6

Neudorf	Britton
Martens	D'Autremont
Boyd	Goohsen

The division bells rang from 11:03 p.m. until 11:13 p.m.

Clause 10 agreed to on the following recorded division.

Yeas — 21

Thompson	Whitmore
Simard	Sonntag
Lingenfelter	Roy
Shillington	Cline
Kowalsky	Wormsbecker
Koenker	Knezacek
Lyons	Harper
Pringle	Keeping
Calvert	Langford
Johnson	Jess
Draper	

Nays — 5

Martens	D'Autremont
Boyd	Goohsen
Britton	

The division bells rang from 11:15 p.m. until 11:25 p.m.

Clause 11 agreed to on the following recorded division.

Yeas — 21

Thompson	Whitmore
Simard	Sonntag
Lingenfelter	Roy
Shillington	Cline
Kowalsky	Wormsbecker
Koenker	Knezacek
Lyons	Harper
Pringle	Keeping
Calvert	Langford
Johnson	Jess
Draper	

Nays — 6

Neudorf	Britton
Martens	D'Autremont
Boyd	Goohsen

The division bells rang from 11:26 p.m. until 11:36 p.m.

Clause 12 agreed to on the following recorded division.

Yeas — 19

Van Mulligen	Draper
Thompson	Whitmore
Simard	Sonntag
Lingenfelter	Roy
Shillington	Wormsbecker
Kowalsky	Knezacek
Koenker	Harper
Lyons	Keeping
Calvert	Langford
Johnson	

Nays — 2

Neudorf	Martens

The division bells rang from 11:37 p.m. until 11:47 p.m.

Clause 13 agreed to on the following recorded division.

Yeas — 18

Thompson	Johnson
Simard	Draper
Lingenfelter	Whitmore
Shillington	Sonntag
Kowalsky	Wormsbecker
Hagel	Knezacek
Koenker	Harper
Lyons	Keeping
Calvert	Langford

Nays — 3

Neudorf	D'Autremont
Martens	

The division bells rang from 11:49 p.m. until 11:59 p.m.

Clause 14 agreed to on the following recorded division.

Yeas — 17

Thompson	Draper
Lingenfelter	Whitmore
Shillington	Sonntag
Kowalsky	Wormsbecker
Hagel	Knezacek
Koenker	Harper
Lyons	Keeping
Calvert	Langford
Johnson	

Nays — 3

Neudorf	D'Autremont
Martens	

The division bells rang from 12:01 a.m. until 12:11 a.m.

Clause 15 agreed to on the following recorded division.

Yeas — 17

Thompson	Draper

Lingenfelter	Whitmore
Shillington	Sonntag
Kowalsky	Wormsbecker
Hagel	Knezacek
Koenker	Harper
Lyons	Keeping
Calvert	Langford
Johnson	

Nays — 2

Martens	D'Autremont

The division bells rang from 12:12 a.m. until 12:22 a.m.

Clause 16 agreed to on the following recorded division.

Yeas — 17

Thompson	Draper
Lingenfelter	Whitmore
Shillington	Sonntag
Kowalsky	Wormsbecker
Hagel	Knezacek
Koenker	Harper
Lyons	Keeping
Calvert	Langford
Johnson	

Nays — 2

Martens	D'Autremont

The division bells rang from 12:24 a.m. until 12:34 a.m.

Clause 17 agreed to on the following recorded division.

Yeas — 16

Thompson	Draper
Lingenfelter	Whitmore
Shillington	Sonntag
Kowalsky	Wormsbecker
Koenker	Knezacek
Lyons	Harper
Calvert	Keeping
Johnson	Langford

Nays — 2

Martens	D'Autremont

The division bells rang from 12:35 a.m. until 12:45 a.m.

Clause 18 agreed to on the following recorded division.

Yeas — 16

Van Mulligen	Draper
Lingenfelter	Whitmore
Shillington	Sonntag
Kowalsky	Wormsbecker
Koenker	Knezacek
Lyons	Harper
Calvert	Keeping
Johnson	Langford

Nays — 2

Martens	D'Autremont

The division bells rang from 12:47 a.m. until 12:57 a.m.

Clause 19 agreed to on the following recorded division.

Yeas — 16

Van Mulligen	Draper
Lingenfelter	Whitmore
Shillington	Sonntag
Kowalsky	Wormsbecker
Koenker	Knezacek
Lyons	Harper
Calvert	Keeping
Johnson	Langford

Nays — 2

Martens	D'Autremont

The division bells rang from 12:59 a.m. until 1:09 a.m.

Clause 20 agreed to on the following recorded division.

Yeas — 16

Van Mulligen	Johnson
Thompson	Whitmore
Lingenfelter	Sonntag
Shillington	Wormsbecker
Kowalsky	Knezacek
Koenker	Harper
Lyons	Keeping
Calvert	Langford

Nays — 2

Martens	D'Autremont

The division bells rang from 1:10 a.m. until 1:20 a.m.

Clause 21 agreed to on the following recorded division.

Yeas — 16

Van Mulligen	Johnson
Thompson	Whitmore
Lingenfelter	Sonntag
Shillington	Wormsbecker
Kowalsky	Knezacek
Koenker	Harper

Lyons Keeping
Calvert Langford

Nays — 2

Martens D’Autremont

The division bells rang from 1:22 a.m. until 1:32 a.m.

Clause 22 agreed to on the following recorded division.

Yeas — 16

Van Mulligen Johnson
Thompson Whitmore
Lingenfelter Sonntag
Shillington Wormsbecker
Kowalsky Knezacek
Koenker Harper
Lyons Keeping
Calvert Langford

Nays — 2

Martens D’Autremont

The division bells rang from 1:34 a.m. until 1:44 a.m.

Clause 23 agreed to on the following recorded division.

Yeas — 15

Van Mulligen Whitmore
Thompson Sonntag
Lingenfelter Wormsbecker
Shillington Knezacek
Kowalsky Harper
Koenker Keeping
Calvert Langford
Johnson

Nays — 3

Martens Goohsen
D’Autremont

The division bells rang from 1:45 a.m. until 1:55 a.m.

Clause 24 agreed to on the following recorded division.

Yeas — 16

Van Mulligen Calvert
Thompson Johnson
Lingenfelter Whitmore
Shillington Sonntag
Kowalsky Wormsbecker
Cunningham Knezacek
Koenker Keeping
Lyons Langford

Nays — 3

Martens Boyd
D’Autremont

The division bells rang from 1:57 a.m. until 2:07 a.m.

Clause 25 agreed to on the following recorded division.

Yeas — 17

Van Mulligen Johnson
Thompson Draper
Lingenfelter Whitmore
Shillington Sonntag
Kowalsky Knezacek
Cunningham Harper
Koenker Keeping
Lyons Langford
Calvert

Nays — 4

Martens D’Autremont
Boyd Goohsen

The division bells rang from 2:09 a.m. until 2:19 a.m.

Clause 26 agreed to on the following recorded division.

Yeas — 16

Thompson Johnson
Van Mulligen Draper
Lingenfelter Whitmore
Shillington Sonntag
Kowalsky Knezacek
Cunningham Harper
Koenker Keeping
Calvert Langford

Nays — 2

Martens Boyd

The division bells rang from 2:20 a.m. until 2:30 a.m.

Clause 27 agreed to on the following recorded division.

Yeas — 17

Van Mulligen Johnson
Thompson Draper
Lingenfelter Whitmore
Shillington Sonntag
Kowalsky Knezacek
Cunningham Harper
Koenker Keeping
Lyons Langford
Calvert

Nays — 2

Martens Boyd

The division bells rang from 2:32 a.m. until 2:42 a.m.

Clause 28 agreed to on the following recorded division.

Yeas — 17

Thompson	Draper
Lingenfelter	Whitmore
Shillington	Sonntag
Kowalsky	Wormsbecker
Cunningham	Knezacek
Koenker	Harper
Lyons	Keeping
Calvert	Langford
Johnson	

Nays — 3

Martens	D'Autremont
Boyd	

The division bells rang from 2:44 a.m. until 2:54 a.m.

Clause 29 agreed to on the following recorded division.

Yeas — 17

Thompson	Draper
Lingenfelter	Whitmore
Shillington	Sonntag
Kowalsky	Wormsbecker
Cunningham	Knezacek
Koenker	Harper
Lyons	Keeping
Calvert	Langford
Johnson	

Nays — 3

Martens	D'Autremont
Boyd	

The division bells rang from 2:56 a.m. until 3:06 a.m.

Clause 30 agreed to on the following recorded division.

Yeas — 17

Thompson	Draper
Lingenfelter	Whitmore
Shillington	Sonntag
Kowalsky	Wormsbecker
Cunningham	Knezacek
Koenker	Harper
Lyons	Keeping
Calvert	Langford
Johnson	

Nays — 3

Martens	Goohsen
Boyd	

The division bells rang from 3:07 a.m. until 3:17 a.m.

Clause 31 agreed to on the following recorded division.

Yeas — 17

Thompson	Draper
Lingenfelter	Whitmore
Shillington	Sonntag
Kowalsky	Wormsbecker
Cunningham	Knezacek
Koenker	Harper
Lyons	Keeping
Calvert	Langford
Johnson	

Nays — 2

Martens	Boyd

The division bells rang from 3:18 a.m. until 3:28 a.m.

Clause 32 agreed to on the following recorded division.

Yeas — 17

Thompson	Draper
Lingenfelter	Whitmore
Shillington	Sonntag
Kowalsky	Wormsbecker
Cunningham	Knezacek
Koenker	Harper
Lyons	Keeping
Calvert	Langford
Johnson	

Nays — 2

Martens	Boyd

The division bells rang from 3:29 a.m. until 3:39 a.m.

Clause 33 agreed to on the following recorded division.

Yeas — 17

Thompson	Draper
Lingenfelter	Whitmore
Shillington	Sonntag
Kowalsky	Wormsbecker
Cunningham	Knezacek
Koenker	Harper
Lyons	Keeping
Calvert	Langford
Johnson	

Nays — 3

Martens	D'Autremont
Boyd	

The division bells rang from 3:40 a.m. until 3:46 a.m.

Clause 34 agreed to on the following recorded division.

Yeas — 15

Thompson	Johnson
Lingenfelter	Draper
Shillington	Wormsbecker
Kowalsky	Knezacek
Cunningham	Harper
Koenker	Keeping
Lyons	Langford
Calvert	

Nays — 3

Martens	Boyd
D'Autremont	

The division bells rang from 3:48 a.m. until 3:49 a.m.

Clause 35 agreed to on the following recorded division.

Yeas — 15

Thompson	Whitmore
Lingenfelter	Sonntag
Shillington	Wormsbecker
Kowalsky	Knezacek
Cunningham	Harper
Lyons	Keeping
Johnson	Langford
Draper	

Nays — 3

Martens	D'Autremont
Boyd	

The division bells rang from 3:50 a.m. until 3:52 a.m.

Clause 36 agreed to on the following recorded division.

Yeas — 17

Thompson	Draper
Lingenfelter	Whitmore
Shillington	Sonntag
Kowalsky	Wormsbecker
Cunningham	Knezacek
Koenker	Harper
Lyons	Keeping
Calvert	Langford
Johnson	

Nays — 3

Martens	D'Autremont
Boyd	

The division bells rang from 3:54 a.m. until 3:56 a.m.

Clause 37 agreed to on the following recorded division.

Yeas — 17

Thompson	Draper
Lingenfelter	Whitmore
Shillington	Sonntag
Kowalsky	Wormsbecker
Cunningham	Knezacek
Koenker	Harper
Lyons	Keeping
Calvert	Langford
Johnson	

Nays — 3

Martens	D'Autremont
Boyd	

The division bells rang from 3:57 a.m. until 3:59 a.m.

Clause 38 agreed to on the following recorded division.

Yeas — 17

Thompson	Draper
Lingenfelter	Whitmore
Shillington	Sonntag
Kowalsky	Wormsbecker
Cunningham	Knezacek
Koenker	Harper
Lyons	Keeping
Calvert	Langford
Johnson	

Nays — 3

Martens	D'Autremont
Boyd	

The division bells rang from 4 a.m. until 4:01 a.m.

Clause 39 agreed to on the following recorded division.

Yeas — 17

Thompson	Draper
Lingenfelter	Whitmore
Shillington	Sonntag
Kowalsky	Wormsbecker
Cunningham	Knezacek
Koenker	Harper
Lyons	Keeping
Calvert	Langford
Johnson	

Nays — 3

Martens	D'Autremont
Boyd	

The division bells rang from 4:02 a.m. until 4:03 a.m.

Clause 40 agreed to on the following recorded

division.

Yeas — 17

Thompson	Draper
Lingenfelter	Whitmore
Shillington	Sonntag
Kowalsky	Wormsbecker
Cunningham	Knezacek
Koenker	Harper
Lyons	Keeping
Calvert	Langford
Johnson	

Nays — 3

Martens	D'Autremont
Boyd	

The division bells rang from 4:04 a.m. until 4:05 a.m.

Clause 41 agreed to on the following recorded division.

Yeas — 17

Thompson	Draper
Lingenfelter	Whitmore
Shillington	Sonntag
Kowalsky	Wormsbecker
Cunningham	Knezacek
Koenker	Harper
Lyons	Keeping
Calvert	Langford
Johnson	

Nays — 3

Martens	D'Autremont
Boyd	

The division bells rang from 4:06 a.m. until 4:07 a.m.

Clause 42 agreed to on the following recorded division.

Yeas — 17

Thompson	Draper
Lingenfelter	Whitmore
Shillington	Sonntag
Kowalsky	Wormsbecker
Cunningham	Knezacek
Koenker	Harper
Lyons	Keeping
Calvert	Langford
Johnson	

Nays — 3

Martens	D'Autremont
Boyd	

The division bells rang from 4:08 a.m. until 4:09 a.m.

Clause 43 agreed to on the following recorded division.

Yeas — 17

Thompson	Draper
Lingenfelter	Whitmore
Shillington	Sonntag
Kowalsky	Wormsbecker
Cunningham	Knezacek
Koenker	Harper
Lyons	Keeping
Calvert	Langford
Johnson	

Nays — 3

Martens	D'Autremont
Boyd	

The division bells rang from 4:10 a.m. until 4:11 a.m.

Clause 44 agreed to on the following recorded division.

Yeas — 17

Thompson	Draper
Lingenfelter	Whitmore
Shillington	Sonntag
Kowalsky	Wormsbecker
Cunningham	Knezacek
Koenker	Harper
Lyons	Keeping
Calvert	Langford
Johnson	

Nays — 3

Martens	D'Autremont
Boyd	

The division bells rang from 4:12 a.m. until 4:13 a.m.

Clause 45 agreed to on the following recorded division.

Yeas — 17

Thompson	Draper
Lingenfelter	Whitmore
Shillington	Sonntag
Kowalsky	Wormsbecker
Cunningham	Knezacek
Koenker	Harper
Lyons	Keeping
Calvert	Langford
Johnson	

Nays — 3

Martens	D'Autremont
Boyd	

The committee agreed to report the Bill.

THIRD READINGS

Bill No. 3 — An Act respecting Health Districts

Hon. Mr. Lingenfelter: — Mr. Speaker, I move the Bill now be read a third time and passed under its title.

The Deputy Speaker: — With such a motion, because it's pursuant to Special Order, would require the leave of the House. Is leave granted?

Leave not granted.

The Assembly adjourned at 4:15 a.m.